California State Journal of Medicine

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TO OUR DOCTORS

Their dignity, their motor cars, their ease
And well-earned fees
(Those comfortable fees,
Those fees concerning which we've often joked them
In ways that may have, more or less, provoked them)
Ungrudged they left behind, and marched away
In soldier khaki clad, on soldier pay,
To face Disease and Death in grimmer guise,
In hospital or field.
Beneath their own or alien skies,
Through miseries and horrors unrevealed.
They toiled to save, for Pity's gentle sake,
The human wreckage tossed in War's red wake.

Small glory, less reward
Our usages accord
To these who shared the danger, woe and pain,
Yet have no tale to tell of foemen slain.
Unlit by flash of sword,
Their homely epic ends
With thousands of our gallant boys restored.
So let us fill
Our cups with any liquid that may still
Be mingled by our beverage-concocters,
And pledge those quiet heroes, greatly daring,
Who gave themselves with cheerfulness unsparing—
Our Doctors!

ARTHUR GUITERMAN.

Steadfast and keen and strong, they never failed,
Though rounds were overlong and helpers few;
And, through their patient care, our soldiers knew
That men who at no ghastly service quailed,
Who did their utmost for each lad that ailed,
Were fighters just as strenuous and great
Against the ruthless harvesting of hate
As those who death-wired trench or lookout scaled.
They braved continuous rain of shell and shot
To succor in a conflict's instant need,
And always dangers or fatigue forgot
At any chance to do a kindly deed:
They gave their country heart, and mind, and skill,
And saved men, flesh and soul, to serve her still.

CHARLOTTE BECKER.

The ode and the sonnet above quoted demonstrate that truth and poetry may be gracefully combined. They also demonstrate that "Life," from which they are taken, is sometimes true to life.

LEAGUE RALLY AT SAN DIEGO, SEPTEMBER 9

San Diego county physicians are making great preparations for a banner meeting on September 9th. This first meeting after the vacation period will be devoted to a grand rally of the Southern California members of the League for the Conservation of Public Health. As September 9th is a legal holiday large delegations from Los Angeles, Orange, Imperial and Riverside Counties are planning to be present.

Speakers from San Francisco and Los Angeles will discuss questions of vital importance to the medical profession. The meeting will be held in the Assembly Hall of the San Diego County Medical Society in the American Bank Building.

The San Diego County Medical Society extends to all physicians and surgeons a cordial invitation to attend this meeting. An interesting, entertaining and informative program is assured.

Mark your calendar for Tuesday evening, 8 p. m., September 9th, and spend the evening pleasantly and profitably with the San Diego County Medical Society.

THE LEGAL DEPARTMENT.

Our Legal Department has been in existence since July 1909. From time to time we hear the question, "What is our Legal Department for?"

Any one familiar with the conduct of the executive offices of the Society does not remain long in doubt on the question of the function and necessity of this very essential part of the Society's activities.

It is a pleasure herewith to publish a likeness of the Chief Counsel of the Medical Society of the State of California, Mr. Hartley F. Peart, of San Francisco. The present excellent legal situation and smoothly running organization of the State Medical Society represents in no small part the work and personal interest of our Chief Counsel.

In the ten years of its existence, the Legal Department has stood between hundreds of our members and ignorant or designing persons who were endeavoring through the courts to place upon the physician the responsibility for those ills to which the human flesh is heir. It would appear too obvious for comment to say that a physician is not a warrantor of cures, and yet the courts have frequently been called upon to announce this self-evident axiom.

We suspect that the query with which this article opens emanates only from men who have not been threatened and served with complaints asking judgments anywhere from $10,000 to $75,000 for failing to do in a given case what no human being, no matter how skilled and experienced, could do. Such claims and complaints are not, as is sometimes erroneously thought, limited to men fresh from college or men who have not perhaps enjoyed the fullest opportunity for preparatory work before engaging in active practice, but on the contrary, such threats and actions are indiscriminately made and filed against old and young, the general practitioner and the specialist, the country doctor and the university staff surgeon. And at such times the Legal Department with its many years of experience and precedent, and its direct personal interest in each member of our organization, takes full charge of the situation. That its personnel is efficient and loyal and that such claims and suits are almost universally without merit, our legal defense files for ten years bear convincing witness.

Within the past two years the scope of activities of our legal staff has been greatly widened. The Council and officers of the Society have brought the attorneys into much closer contact with all the Society's work and undertakings in all matters of general policy, and needless to say to the great benefit of our organization.

The Medical Society of the State of California is, we believe, to be congratulated upon this splendid department which, so far as we know, has no rival anywhere.

THE INDEMNITY DEFENSE FUND

At the annaul meeting in 1916 it was determined to establish a voluntary defense fund against claims and suits for alleged malpractice, open to all members in good standing who elected to take advantage of its terms. The initial assessment was placed at $30 and it was decided to put the plan into effect at such time as three hundred members signified their desire to avail themselves of such indemnity and had sent in their assessments.

December 6, 1916, the three hundred checks were received and early in 1917 the council directed our general attorney to prepare the necessary rules and regulations for the conduct and operation of the Indemnity Defense Fund. This work consumed several months, as our legal staff made a careful review and study of all phases of the matter before definitely proposing to the council a carefully worked out plan covering all the details involved.

At the annual meeting held at Coronado in April, 1917, the complete organization was ready. A board of three trustees was elected by the council to administer the fund under the "Administration Regulations." Dr. William Ellery Briggs, Dr. Lemuel P. Adams and Dr. Andrew S. Lobingier constituted the members of the first board.

The funds were placed on deposit in three savings banks. Copies of the Administration Regulations were filed with each county secretary. Rules defining the extent of the indemnity, fair and equitable to the individual and to his fellow members, were adopted and a copy furnished to every member of the Fund.

Although very little has been done to urge the members generally to join the Fund, its membership has grown until it now has some four hundred and seventy-five members. It has been in operation since December 6, 1916. During that period no member of the Fund suffered an adverse judgment and but two settlements

have been made out of its resources, aggregating less than $1,000 in all.

From the foregoing figures it conclusively appears that the expense for loss per member per annum is considerably less than $1.00.

With this splendid record of achievement, we again urge as we have repeatedly urged heretofore, that every member of the Society who has not joined the Fund, do so. The assessment is not annual. The members of the Fund have paid only one assessment to date. Another assessment will only be levied when necessity arises.

This undertaking of the Society is meritorious, of great benefit to each individual and no member in active practice can afford to delay joining any longer. Mail your check to the Secretary's office to-day.

ADDITION TO EDITORIAL STAFF OF JOURNAL.

In this issue of the JOURNAL we are presenting a speaking likeness of Mr. Celestine J. Sullivan, so that the few who have not seen and heard him may know what manner of man he is. Mr. Sullivan, who was unanimously chosen at the Santa Barbara Convention to fill the newly created position of Managing Editor of the JOURNAL, is not only a writer of stimulating and clear-cut English but a forceful and convincing speaker. On the occasion of his last nation-wide speaking tour he was characterized by the New York Advertising Club as "The golden-tongued Orator of the Golden West." His work in publicity and advertising has received the encomiums of the national leaders in that important field. He has conducted many successful and large campaigns.

The Journal is looking ahead and planning for next year and the years thereafter—planning not only to keep its readers in touch with the best scientific progress of today, but also to keep the public advised of the progress of scientific medicine, of what the ethical medical profession is doing and why we are doing it.

To interpret scientific facts in lay language that will arrest and hold attention; to view the true mission of modern medicine in its proper perspective to the common good; to expose popular fads, fancies and fallacies; to discuss the relation of medical service to industry and social problems that are the cause or effect of preventable disease; to analyze proposed legislation and kindred questions relating to the promotion and development of the greatest resources of the state—the public health, and to take out of cold storage, warm up and get into general circulation the priceless fund of disease prevention and health information accumulated by scientific research will be some of the duties of our Managing Editor.

The imperative need for greater popular health education was revealed by the startling statistics of the selective draft. Thirty-three per cent. of the flower of our manhood was rejected for minor or major physical defects, and 60 per cent. of this 33 per cent, were rejected for defects contracted through ignorance and neglect. The relation of the physician to the public has been rapidly and radically changing. The doctor always was a teacher of health in a private way, but the knowledge which the medical profession now possesses of communicable diseases, and the realization that disease prevention depends upon community co-operation, places a civic responsibility upon the profession to inform the public. Publicity is the most direct medium through which to reach the public. The new member of our staff is thoroughly acquainted with the ethics of the medical profession in reference to publicity, but knows the

functions of publicity and how and when and where to use it effectively.

We are at the threshold of the greatest popular health revival this country has ever witnessed. The fact that more than 93 per cent. of the 2,000,000 officers and men, who have been demobilized since the signing of the armistice, were discharged with a clean bill of health, has emphasized the value of physical examinations and hygienic directions. The health lessons of the war should be applied to our cities, states and nation. To accomplish this we must create a healthy public opinion. The constant purpose of the League for the Conservation of Public Health, of which Mr. Sullivan is executive secretary, is to do this very thing. The clients and readers of The Journal will be the beneficiaries of the constructive work in which the league is engaged.

PRIVATE ENTERPRISE AND PUBLIC HEALTH PROMOTION.

At this time when the war on disease is gathering fresh allies every day, when clubs, centers and agencies are devoting earnest attention to community nursing, child welfare, better housing for working girls and countless industrial problems, when the greater need for adequate health education is being stressed by many mouths, it is interesting to review a campaign of health education which began in 1908.

The service was inaugurated by Dr. Lee K. Frankel, Vice-President of the Metropolitan Life Insurance Company, in a small section of New York City under the supervision of the nurses of the Henry Street Settlement. From that modest beginning the service has spread rapidly until today it is successfully conducted in 46 States of the Union, and in Canada reaches from the lower provinces of Nova Scotia and New Brunswick to British Columbia.

The purpose of the Metropolitan service is to prolong the lives of the policy holders, which combines good private business policy with good public health work.

The efforts of the Company have been threefold: first, the improvement of individual health through educational leaflets and pamphlets distributed by the agent; second, the improvement of general health conditions through co-operation with health officers in clean-up, fly-swatting and other campaigns, through assisting them in enforcing housing ordinances, and by the enlistment of public support for general and special health movements.

The aim of this service is to care for those persons who are sufficiently ill to require the care of a physician, and to restore them to health and working efficiency. Nurses are forbidden to care for policy-holders unless a physician is in attendance, and the amount of nursing care required in any individual case rests with the physician.

As the service is a visiting one, nurses do not remain permanently in the home of the sick. The nurse calls as soon as possible after the case is reported to her, either by physician, policy-holder or agent, and remains in the home long enough to carry out the treatment prescribed by the physician. The length of the visits vary from fifteen minutes to one hour according to the amount of treatment required.

Although the emphasis is placed on the acute case, the patients suffering from chronic ailments are not ignored. The Company sanctions occasional visits for instruction of the family in proper methods of caring for the patient so afflicted, in order that the family may then assume the responsibility of care.

As the care of tuberculosis is a special field of nursing, the Company cares for policy-holders suffering from this disease only when other care is not obtainable. Nurses are urged to assist patients in securing admission into a sanatorium. If this cannot be done, and if tuberculosis nurses are not available, the Company authorizes occasional visits for the purpose of observation, instruction and supervision.

A maternity service is extended to all industrial policy-holders whose policies have been in force nine months. Pre-natal and post-natal services are given. Acute infections, following child birth, are nursed as any other acute case of illness. In 1918, the Company cared for 40,000 mothers and babies. It isn't how many babies are born,—it is how many babies are saved.

Over 1,500,000 visits to the families of Industrial Policy-holders were made last year.

In addition to the education given to sick policy-holders by the visiting nurse, the Company seeks to educate in matters of health by means of leaflets and pamphlets. These are written in very simple language and are published in various foreign languages as well as in English and 177,000,000 copies of leaflets dealing with such subjects as "Fake Consumption Cures," "A War Upon Consumption," "Directions for Living and Sleeping in the Open Air," "The Health of the Worker," "Health Campaign Circular," etc., have been distributed. In addition the Company has circulated city clean-up leaflets to the number of 1,250,000 urging policy-holders to co-operate with their health officers in clean-up campaigns. A publication "All About Milk" by Dr. Milton J. Rosenau, Professor of Preventive Medicine and Hygiene at Harvard University, has done much to improve the milk supply of cities and has emphasized to policy-holders the value of pasteurization. Other publications are 'Teeth, Tonsils and Adenoids," "How to Live Long" and "The Child." These welfare pamphlets have been widely distributed, not only to policy-holders, but Boards of Health, Schools, Reading Rooms, Day Camps, etc.

Like all progressive institutions today the Metropolitan knows to a mathematical certainty that the improvement of living and working conditions increases the efficiency and longevity of the workers and is in hearty co-operation with industrial physicians and surgeons, manufacturers, heads of mercantile establishments and health officers in improving living conditions in their respective communities.

The professional requirements for Metropolitan nurses comply with the standards of the National Organization for Public Health nursing. More and more each year the necessity of nurses obtaining special training in public health nursing in order to properly fit themselves to enter this important field of work is emphasized. In discharge of their actual duties the nurses instruct policy-holders in the principles of food, etc., and when it is necessary to do so they arrange for the proper transfer of patients to other agencies, such as hospitals, convalescent houses, sanitariums, etc.

The Metropolitan work is thoroughly supervised at the Home Office and in the field by graduate nurses. Field Supervisors spend eleven months of the year in traveling through the country visiting the nursing services. These Field Supervisors are women of wide experience both in nursing and public health fields and are graduate nurses who have held important administrative and executive positions and are doing much to instruct not only nurses but also the field force in the broader aspects of public health work.

How valuable this independent enterprise and

service of one Company is to the public health may be measured by the fact that it is at the disposal of one-tenth of the population of the United States.

CONCERNING REPRINTS AND OUR PUBLISHERS

Certain authors whose papers have appeared in The Journal have been guilty of the gross discourtesy and business error of refusing to accept reprints of their articles which they had ordered over their own signatures and which were sent them by the publishers of The Journal by express, C. O. D. Several remarks are pertinent in this connection. In the first place, the present financial status of the State Medical Society does not allow the free supply of reprints by The Journal. It is questionable if such a practice would be desirable in any case in a Journal representing the entire medical profession of the state. Difference in length of articles, illustrated matter, etc., make it obviously unjust that every author should receive reprints at the expense of the society even if this were financially possible. We are getting and publishing good papers. It is a benefit to the author to have his article appear in the JOURNAL. This was illustrated by a recent letter from Boston stating that the writer was amazed at the wide distribution of inquiries he had received after publication of a certain article in the CALIFORNIA STATE JOURNAL OF MEDICINE. It is an obligation on writers to present material of sufficient merit to be published. There is no obligation on the JOURNAL to recompense authors by reprints or otherwise.

Furthermore, authors receive a printed order detailing the cost of reprints in various quantities. These prices are remarkably low and cover actual expense only. In many cases they do not cover actual cost of time and labor involved. Reprints are sent C. O. D. by express at the written request and order of the author. If he refuses to accept delivery of them, he breaks his own word and offers a gross discourtesy and definite monetary loss to the publishers.

Finally a word about these same publishers. Acknowledgment was intended before this of their unfailing courtesy, promptness, efficiency and invaluable professional advice and counsel, which have never failed in their management of The Journal printing and which have been an asset to the State Medical Society all too lightly considered. The James H. Barry Company of San Francisco have won the deserved esteem of the editorial and office staff of the State Society. As publishers, they have taken a personal and highly skilled interest in The Journal and no contribution has been more important than theirs in improving and maintaining The Journal at its present stage of scientific development. Their prices have been surprisingly low and have evidenced their interest in more than a mere automatic printing of material sent to them. We thank them in behalf of the editorial office, the State Society office and the State Society, and we apologize for the discourtesy of a few men who have failed to realize the obligation that the State Medical Society owes to the James H. Barry Company, and the very obvious benefits that they themselves so lightly hold.

SPLITTING INSURANCE FEES

A bargain requires two parties. From time to time we have attacked both of them in these columns. The effect has probably been slight. But continuous hammering may bring some improvement and in any case, we intend to keep at it. Perhaps after a time a consciousness of right, of ethical values, will be aroused, which will ally itself with a better understanding of the real business interests of the doctor. Such a consciousness is sadly needed in the medical profession today. It is the same kind of consciousness as that which has reached its climax in the international affairs of men, a recognition of the rights and aspirations of all the races of men. Each doctor must needs remember that he is not alone, not a little tin god on wheels, with no ethical or social relationships. He is a cog in the great and complex machine of modern society, engaged in weaving the fabric of a new and righteous civilization. Within that, he has a close and vital relationship to his own colleagues, a responsibility to them and a just demand on them. He lives not to himself alone, he of all men and of all professions.

Perhaps, some day, there will be no secret splitting of fees. Some day, perhaps, no physician can be found so "amenable to reason"—save the name!—as to be willing to rebate a fee schedule and also to be willing to round up equally conscienceless associates who will follow his example, becoming tools of the insurance carriers, and robbing their own professional colleagues of their just dues for professional work.

A strange situation, forsooth, when a medical society is exerting its utmost efforts to develop along just and constructive lines, and certain members of that same society are acting individually to nullify the good works of the society collectively. Let us practice what we preach or quit. If as a society we believe that fee splitting and insurance rebating is an abomination, then let no one remain or be permitted to remain a member, when guilty of such practices. Should such variance between individual action and collective action be termed evolution—or atavism?

What does all this mean? It means this:

Our Committee on Industrial Accident Insurance is now engaged in an exhaustive study of the entire situation, including the question of a fee schedule commensurate with good professional service. They will attempt to develop some relationship with the carriers whereby the latter will appreciate that good service means proper fees. Can the carriers be expected to regard such a relationship or agreement as more than a scrap of paper, if we, the party of the second part in such an agreement, have so little regard for our obligations to our own colleagues as to split

fees and rebate schedules? The carriers are not in the business for the sake of their own health and they will naturally be less influenced by the provable fact that good service must receive adequate pay, than by the fact that the reputable members of the medical profession are standing together and not cutting each others' throats. On such a basis, an appeal of education to the public will surely force carriers to provide good medical service. Which again brings us back to the proposition that the medical profession must really mean what it says, and practice what it means in connection with fee splitting and rebating in insurance work.

SPECIAL ATTENTION OF AUTHORS.

Writers of papers for The Journal should understand distinctly that no change in manuscript as submitted can be made. Galley proofs of each article are sent to the writer for correction of punctuation, spelling and capitalization *only*. Any further change from the original manuscript submitted will not be allowed.

Please bear this in mind, as this rule will be strictly enforced in the future.

Editorial Comment

Don't miss the Tonsil Chorus in this month's advertising section.

For your information read Dr. George H. Richardson's letter, page 299.

Attention of returning Army and Navy doctors is again called to the fact that the law of California requires them to be licensed by the State Board of Medical Examiners before they can practice medicine in this State after discharge. This was explained fully in a letter from the Secretary of the Board which was published on page 88 of the March issue of the JOURNAL.

Read the JOURNAL and then let us know what you think of it. The Immunity Column is for your use. Please do not be afraid of it. Send in your ideas of accident insurance, county societies, and anything else that is of interest to doctors. Also jokes, clippings, and original parodies, etc., are welcome. If you do not like the Journal it is your own fault. Help to make it better. If you do not read the JOURNAL we will find you out by never hearing from you.

Again it is pertinent to remark that every case of typhoid is a sanitary crime and every town where even a small epidemic occurs, has permitted a serious blot on the standard of its intelligence and education. To conceal disease, to avoid the facts, is but to make a bad matter worse. Certain California towns need to consider these facts well. And if they do not consider them, it will be in no small measure due to apathy or ignorance, which in this case is criminal, in the local medical profession.

Special attention is called to the announcement of the California Civil Service Commission which appears in another column, relative to the coming examinations for physicians in the state hospital for the insane. This is an opportunity for young men and men returning from military service who are interested in this line. The examinations are open only to California licentiates and this again is as it should be and affords a still better chance for local doctors.

"Social reform attracts many persons who only seek activity for libidinous tendencies rather than the rendering of service. Many anti-vivisectionists, for example, undoubtedly belong to that group of sadists who delight in cruelty, as shown plainly by their suspicion that every one who does vivisection is really cruel and only indulging themselves in that instinct. They see themselves in others, and then, instead of being able to correct their own tendencies, fight those tendencies which they have thus projected and so relieve themselves from a consciousness of their shortcomings." Thus says Dr. William A. White, surely an authority competent to diagnose even anti-vivisectionists.

The greatest aggregation of California agricultural and horticultural products ever presented will be shown at the Exposition Auditorium, San Francisco, October 4 to 19. The occasion will be the first annual California Industries and Land Show, to be given under the auspices of the Home Industry League of California. The exhibits will be made through the counties, fifteen of which are already lined up for the event. Many others have promised participation. There will be assembled in this great exhibit the rarest and most effective displays of native fruits, cereals, nuts and textiles ever presented in California. The big show is designed to present in the most pleasing and entertaining manner the producing power of California.

Physicians will do well to read carefully Dr. Lengfeld's review of the present situation in regard to narcotics and alcoholic preparations, in the Department of Pharmacy and Chemistry.

Special Article

Presidential Address.*

DR. C. VAN ZWALENBURG, Riverside, Cal.

THE MEDICAL PROFESSION "AFTER THE WAR."

Profoundly grateful for the great honor bestowed upon me and realizing its responsibilities, I approach my task this morning with trepidation.

During the year, much of our energy has been directed into unusual channels and we are proud of the record made by the profession. In addition to the eight hundred or nine hundred enlistments in the Army and Navy Medical Corps, our members have carried the work of the draft boards; have taken active interest in the numerous demands for funds for war work—for the sale of bonds, for the free services to soldiers and sailors, to say nothing of the added private work on account of so many confreres being away in the service. On top of all these activities came the appalling avalanche of influenza victims.

Truly the year has been full—and it would have been no wonder if the normal work of the Society had suffered materially. However, we think the record is not bad. At the close of the greatest war of all history, we find ourselves facing a new era. The brotherhood of man has acquired a new meaning. Community interest has taken the place of individual self-interest.

Will man be no longer selfish? Yes. Selfishness is the first law of life. We can have no life without it. But the selfishness for the individual is being transformed into selfishness for the community. Long ago man learned that for selfish self-protection he could fight better in gangs than alone. Individualism no longer controls. Things are being done in groups, communities, unions.

My talk will concern chiefly the business side of medicine, which is very much neglected. Our merchants are keen these days on teaching salesmanship. They pay men to teach their clerks salesmanship. I think it would help if the medical men would get together and have some one talk to them on salesmanship. We need to impress our advice upon our patients, need to make ourselves indispensable, through the same sort of psychology that the salesman uses to sell his goods. We need to *sell* ourselves to our patients. Medical men are proverbially poor business men. The charitable and sympathetic side of medicine is so thoroughly a part of our profession that, for fear of being charged with commercialism, medical men avoid the business side. Would it not be wise to have a few lectures on salesmanship in our medical colleges? When I speak of business, I do not mean dollars and cents exactly. Commercialism in medicine is degrading and has no place in legitimate practice. I mean system, organization, punctuality, management, efficiency. Business system is necessary to success. No one can be a real success without it. How often we see the poorly equipped man, from the scientific, professional side, outstrip his fellows just because he has the business instinct or the business training. Dr. G. Shearman Peterkin, of Seattle, has given us a wonderful example of business system in his "Efficiency in Medical Practice." Where does the Profession in California stand today?

I believe that our Profession in California is in a very comfortable position today, perhaps a little better than it ever has been before anywhere. I am a firm believer in the idea that the world is constantly growing better, and although we shall always have our difficulties, I am very optimistic for the future.

The demands upon the doctor for greater efficiency and better equipment are well known to you. His years of study have been increased. The amount of the investment by the time a man graduates is double what it was twenty years ago, and I say this without taking account of the change in the level of prices which has been so sharp during the last few years.

In California, there is one physician to 394 of population as against one to 691 for the entire United States, one to 1500 in England and Wales, and one to 2000 in Germany. (According to the census of 1910.) Our medical congestion is being rapidly increased by many men coming here direct from their army experience. In addition, we have innumerable varieties of quacks, who all add to the competition for bread and butter. Verily our business interest demands that we stand together.

There are now returning nearly 40,000 men who have seen more or less of Army life. What new ideas do they carry? What are they going to do? A good many of them are restless; all of them would like to improve the position which they formerly held; many of them are changing locations; hundreds will come to California before they settle down. They all carry, more or less, the gospel of organization, co-operation and specialization.

The organization of the Army Medical Corps, with its demand for records and detailed care of its patients, should be a great benefit to the men who have had the training. The efficiency of the Army Medical Department is too well known to you to need details. No army ever made the record for health that we did. The death rate fell to 4.5 per 1000 as compared with 33 per 1000 in 1830, when the Department was fully organized.

Specialization was a compelling feature of the Army and must have taken root in many a young man who, without that experience, would not have attempted it. The knowledge of sanitation which these 40,000 men bring home with them must bear fruit in better preventive measures and better general health conditions. In addition, four million men who were under arms bring back with them more or less knowledge and training in sanitation and preventive measures. Their leavening of the loaf is a force we should make use of. Verily, we have reason to emphasize the remark of Gladstone: "In the health of the people lies the wealth of the Nation."

What then can we do as a group of selfish altruists? Shall we become ultra-revolutionists and

* Address of retiring president, California State Medical Society, April 16, 1919, Santa Barbara.

advocate state medicine? Shall we become Bolsheviki, meaning, as I heard it interpreted by a scholar, "those who demand the more of the most"?

Not yet awhile! Thanks to the League for the Conservation of Public Health, we are still a long way from the desperation of our English brother physicians. I wish I had time to tell you about them; their condition is so serious that they are turning to state medicine as a refuge, hoping salaries, even full salaries, will be better than the pittance they get now by the panel system of social health insurance. When a medical man gets down to Fifty Pounds a year on panels, most any change must look good to him. You will find the beauties of state medicine expounded by Major General Sir Bertrand Dawson, Cavendish Lecture, Benj. Moore, President State Medicine Service Association, and Major Gordon Dill in the Lancet for July, 1918, and by Wm. A. Brand in the Practitioner for November, 1918.

No—the care of the sick is such an intensely personal service that individiual attention is still the key-note. A patient is not a chattel and can not be tagged with impunity and distributed alphabetically. Still, community practice and specialization have their attractions and it should be possible for us to employ some of these desirable features through our own initiative, and incidentally help to forestall the pressure for state medicine.

Again bread and butter—business—steps in. One of our first thoughts is "What must we do with the individual who is unable to pay for his medical services?" The care of patients who are unwilling or unable to pay had always been a large part of the physician's duty. The need to care for those who are unable to compensate the physician is one of the fundamental conditions of the practice of medicine. A reasonable amount of this sort of service is good for the doctor; it demonstrates his sympathy and brotherhood, and should be continued. When, however, we study the proportion of the doctor's time which is given to charity, work for the State, public health and the public good, there is no doubt that he is being imposed upon.

I find no reliable figures on the amount of charity work done by medical men, only estimates—25 per cent—one-third of his efforts. I am inclined to place it higher, especially during the past war years. In many cases it rises to 50 per cent. We know that it is far too high.

For instance, we were told the other day that the Los Angeles County Hospital had taken care of 14,000 patients during the past year; something over one hundred medical men rendered their services gratuitously. On a reasonable basis of fees (assuming that in private practice each patient would have paid $25 during the term of his illness), you will see that the services rendered by these men amounted to $350,000, or $3500 each for the year. Is it right that these services should be rendered gratis when all other employees of the institution are paid? True, the hospital rendered some remuneration to the doctor in experience and training for his life work; but consider the enormous amount of expense that has already gone into his training. Is the apprentice to tradesman more entitled to compensation than the apprentice doctor? I believe that the medical profession should use every effort to increase the compensation for services rendered to the public.

Paid health officers are becoming more and more the rule, and the State is paying something in its efforts to prevent disease. The Public Health Service is being more or less compensated, but not adequately. The medical profession should use all its efforts whenever possible to secure better compensation for this kind of work. Right here, I wish to recommend that this Society memorialize its senators and representatives to stand for a competent appropriation for the United States Public Health Service. The latest advices are that the appropriation for the Service has been pared down to a fraction of what Surgeon General Blue called for. This is a step in the wrong direction, and the medical profession should go out of its way to urge a larger appropriation. What is more important than national effort to improve the health of its people?

Imitating the organization in the Army, let us improve our team work in taking care of our patients. Coming up here, my train stopped at a station in a town of about 500 inhabitants and my eye caught the sign "Attorneys at Law"—there were three names on that sign. I thought, what an example for medical men. Why cannot doctors carry on partnerships as well as lawyers? Suppose three medical men lived in that town, as no doubt they do, how much comfort could be added to their work if they joined as partners, even though they did not specialize. They could relieve one another from time to time, and one off duty could feel that the others were looking after his interests. What an overpowering burden is the feeling of the medical man that he is everlasingly on duty! To my mind, that is one of our greatest hardships. The doctor sees all his friends off duty when the day is done, but he is on duty day and night as long as he is in the vicinity of his practice. Again, how much more comfort these three men would have if they divided their work along certain specialty lines. Of course, in a community of that size they would all be general practitioners, and to my mind that is one of the most attractive of specialties. In the future, I am sure that the general practitioner will be emphasized as a specialist, as a man who knows general medicine thoroughly and scientifically. He becomes the bosom friend of his patient. His general adviser. The most level-headed man in the community, always ready to do what he can and ready to pass that patient on to the specialist when occasion demands. But in addition to being general practitioners, each of these men would select one line of endeavor; for instance, one internal medicine, another surgery, and a third obstetrics; what comfort would come to them from feeling that they were specially prepared to speak along a certain line.

The enormity of the field of knowledge involved in the practice of medicine today is so thoroughly

felt by layman as well as physician, that it needs no argument to demonstrate that it is absolutely impossible for any one man to cover the field entirely; and what is more disquieting than a sense of insufficient information to properly care for our patients?

To my mind, there are two fundamental difficulties in the way of partnerships in medicine. If these can be removed or minimized, we can have more partnerships and groups.

First, the fact that the medical man's reputation is his chief and practically only asset. The amount of money invested in his equipment is negligible, but if he is deprived of his reputation, he has lost tremendously. Any failure to hold his patient acts as a reflection upon his reputation and he immediately resents it. The physician's work is intensely personal and anything affecting this relation is immediately construed as an attack upon this asset. I think this is the root of those jealousies which have always been a disrupting influence.

Second, the difficulty of an equitable division of the income. Many happy and successful partnerships have been carried out by an even division of the net returns. Where men do almost the same character and amount of work, this is very satisfactory; but manifestly this is not often the case. Many schemes have been suggested to overcome this difficulty in partnerships, whether they be partnerships of two or of a larger group.

I am going to have the temerity to suggest a plan which in more or less similar detail has worked out satisfactorily, and which I think would work out satisfactorily in the majority of cases because it is so flexible and can be adjusted to almost any condition. I feel that if an equitable division of the income can be secured, we shall see many more partnerships and groups working together. As a matter of fact, there are a very considerable number of very satisfactory partnerships in California today. My suggestion is a percentage division established once every six months, based upon the work done during the preceding six months, or three or twelve. This percentage should be based upon a number of factors:

1st. The amount of work done as charged upon the books.

2nd. The amount of cash actually taken in through each man's practice during the preceding six months.

3rd. The actual amount of physical labor expended, that is, the number of calls made and the number of patients seen.

4th. A percentage of scaling down the surgeon's fee for the benefit of the group.

5th. An allowance for difference of investment, good will, etc.

Many other factors will occur to you and may be added ad libitum.

With all these factors worked out in percentages, it is a simple matter to meet every three, six months or once a year, with open minds and broad views and a hearty appreciation of the other fellow's position, to arbitrarily make further slight adjustments in the percentages which each should receive. Of course, absolute honesty of purpose is necessary. As Dr. Victor Vaughan says: "An essential in medicine is integrity." This financial feature has been the rock which has wrecked the majority of groups and it should be overcome.

I like to use the term "community patient." Let the patient belong to the community of physicians. I think one of the most degrading things in medicine is the sense of proprietorship which many medical men try to exercise over their patients. No one has a lien on any patient. The paramount interests are all subsidiary to the good of the patient, and if it is to his interest that one better qualified than I should take care of him, it is my duty—and I consider it my privilege—to pass him on to the next man. My advice is (especially to the younger man)—"Learn to let go of your patient. You will have returned to you two for one if you do it in the right way. Let go!"

I am convinced that one of the greatest mistakes of my professional life has been my unwillingness to let go of my patient. Had I specialized earlier and more definitely, I should have been much better off. I kept myself too busy trying to take care of too many patients and too many kinds of diseases.

No matter whether your team is on a charity organization or a partnership plan, or whether you are working independently, I say let go when you are busy or when someone else can do better by your patient.

More consultations seem to me most desirable. In our own county organization, I have made a plea for a reduction in the consultation fee, with the idea that consultations should be encouraged. In many cases, the question of adding ten dollars to the burden of the patient is the deciding factor against a consultation. By minimizing the fee, more consultations would be held.

Group medicine is often most successfully carried on without an actual financial partnership. All types of groups should be encouraged. The community care of patients if properly organized is most satifactory to all concerned. The hospital lends itself to this plan, and many groups may be built up with the hospital as a center, be this a hospital proper, a clinic, or that newer development known as a pay clinic, where the patient pays a minimum to cover actual expenses. The Diagnostic Group at St. Luke's Hospital in San Francisco, is another plan which other communities might well follow.

It has been well said that only the poor and the very rich can have expert medical attention. The poor get it through our thoroughly organized staff so well established in our charity hospitals. The rich get it by paying for an army of specialists. The middle class suffers because it is above charity and cannot pay for expert attention by a number of men.

Organization, co-operation and specialization—these are the three prominent lessons which this war should bring home to us. The best way to carry them out is to adopt better business methods, better organization, more consultations, more com-

munity practice, more group practice, hospital standardization, and higher scientific attainments.

In conclusion, then, let us push firmly along these lines:

1. Better business methods.
2. Better organization in our societies.
3. League for Conservation of Public Health.
4. Hospital standardization.
5. Better salaries for public health officers.
6. More specialization.
7. More consultations.
8. More group medicine.
9. More publicity.
10. More science.
11. More records.
12. More brotherhood.

THE PHYSICIAN AND INDUSTRY.

By G. G. MOSELEY, M. D., San Francisco.

The doctor has become an important factor in modern industry and the application of his knowledge to industrial conditions has developed a new specialty in medicine. Industry is responsible for its damage to human machinery and the proper treatment of injuries arising out of industrial accidents is a question which should receive the serious attention of the medical profession. It should be demonstrated to both the employer and employe that the organized profession stands for the very highest class of service and by men who are capable of doing good surgery.

The proper setting of a fracture is an important matter to the working man. If not well treated he may be a cripple for life. If an infection of the hand is neglected it usually results in a premanently stiff wrist or fingers, reducing the man's earning power by almost one-half. The large number of permanent injuries following fractures and especially injuries to the hand, clearly shows that there is much room for improvement in the treatment of these cases. Of the 109,998 industrial accidents occurring in the state in 1917, there were approximately 2,000 of them followed by permanent disability, and while it would have been impossible to prevent many of these, yet there is no doubt that some of them could have been prevented and much better results obtained in many others.

The experience of the men who have been in the army will be very helpful in handling these cases in the future, not only in the matter of the immediate care of the injuries, but also in getting the injured man back to work, which is an important part of the treatment. If allowed to remain idle too long some of these cases develop a peculiar mental attitude and a nervous condition which makes it very difficult to get them to return to their former occupations and frequently results in the development of traumatic neurosis.

Better medical service for those injured in industry is the problem that must be met by the medical profession and worked out on the same lines that have brought about higher standards in the medical schools and hospitals. The improvement in the treatment of these cases is a matter of education and by this is not meant trying to make surgeons out of general practitioners, but by bringing the man in general practice to the point where he will not attempt to treat serious cases for the cure of which he is not fitted by training or experience. He should be made to understand that his bad results will be condemned by both the profession and the public.

The standard of medical service demanded by the public is higher now than ever before and this is especially ture in the field of industrial medicine, and it is here that the organized medical profession can be of the greatest help in weeding out the incompetent doctor.

In the treatment of the majority of these cases, either the employer or the insurance carrier, within reasonable limits, has the selection of the physician, and the interest of both the employer and the injured man demands good service, and if the profession does not stand for a higher class of service in the future than has been rendered in these cases in the past, this is a question which will be solved for them by the laity. It is not reasonable to expect the employer, who has to pay not only the physician, but also for the time lost while the injured man is disabled, to be satisfied with poor service. The time has come for the profession to do constructive work along these lines and to show that they have some unselfish interest in these cases.

There are many medical problems connected with industry to be solved by the doctor. The proper treatment of the injured, accident prevention, industrial fatigue, the effect of industry on women workers, physical examinations for the proper placement of workers, are but a few of the questions that must be largely worked out by the medical men. Upon the work done in the solving of these and like questions depends the future usefulness of the medical profession to industry.

Original Articles

PROSTITUTION IN ITS RELATION TO PUBLIC HEALTH IN SAN FRANCISCO

SAN FRANCISCO DEPARTMENT OF HEALTH,
per WILLIAM C. HASSLER, M. D., Health Officer.

During the month of August, 1917, the San Francisco Board of Health, at the request of the War Department of the United States Government, and in accordance with a plan outlined by the Army and Navy through the Commission on Training Camp Activities, established a clinic at the City Prison for the purpose of examining for venereal disease all persons arrested by the Morals Squad as vagrants or on the charge of prostitution.

This squad was organized by the Chief of Police to cooperate with the Board of Health, following a conference had in San Francisco with the mayors, supervisors, district attorneys, sheriffs and State and county boards of health

of all the Bay counties, Mayor James Rolph presiding.

Three days after this meeting at which the policy was outlined and San Francisco's pledge given to support the program the campaign began and has continued to date with fearless vigor to "Smash the Line" in a manner that has won the approval of the United States Government.

During the past year and a half both the Department of Health and the police have been attacked and charged with attempting to enforce not only a freak theory, but a pernicious experiment that would not suppress prostitution, but which would scatter it to the residence districts.

These objectors offered no remedy, other than that of establishing the segregated district, etc., etc.

The following extract from a letter sent by the Secretary of War to the mayors of the cities and the sheriffs of the counties in the neighborhood of all military training camps August 10, 1917, was our answer:

"The War Department will not tolerate the existence of any restricted district within an effective radius of the camp. Experience has proved that such districts in the vicinity of army camps no matter how conducted, are inevitably attended by unhappy consequence. The only practical policy which presents itself in relation to the problem is the policy of absolute repression, and I am confident that in taking this course the War Department has placed itself in line with the best thought and practice which modern experience has developed. This policy involves, of course, constant vigilance on the part of the police, not only in eliminating regular houses of prostitution, but in checking the more or less clandestine class, that walks the streets and is apt to frequent lodging houses and hotels.

"(Signed) Newton D. Baker."

All women, as well as the men who were apprehended with them, who were found suffering from venereal disease were quarantined and sent to the San Francisco Hospital.

At times when the hospital ward was overcrowded, those suffering with latent syphilis, or chronic lesions, and who could afford private treatment by reputable physicians, were discharged on parole and required to report to the clinic once a week, but if caught a second time they were sent to the county jail for treatment.

Some escaped through technicalities of the law in the early stages of the campaign, but these generally left the city.

From August, 1917, to January, 1919, a period of approximately 16 months, 1580 women and 170 men were examined. 1141 or 72% of the women and 32 or 18% of the men were found infected with either Syphilis or Gonorrhoea or both.

The following table No. 1 graphically shows the work done at the Jail clinic:

TABLE No. 1.

Tabulation of Examinations Made at the Venereal Disease Clinic, August, 1917, to January, 1919.

County Jail No. 1.

Number of Times Examined.	Individuals Examined.	Number of Examinations.
Once	1262	1580
Twice	198	396
Three Times	58	174
Four Times	29	116
Five Times	11	55
Six Times	10	60
Seven Times	1	7
Eight Times	3	24
Nine Times	4	36
Ten Times	3	30
Twelve Times	1	12
Total	1580	2490

Women Arrested Under Section 13, Act of Congress (Federal) and Examined.....398

Findings of Examinations as Follows:

Diseases (Women)	Found Infected	Sent to Hospital
Gonorrhoea	463	405
Syphilis	678	58
Total Syphilis and Gonorrhoea	1141	463

Percentage of Women Examined and Found Infected:

With Syphilis 43%
With Gonorrhoea 29%

With Syphilis or Gonorrhoea or Both.....72%

Data regarding men examined (arrested in company with prostitutes or allied charges):

Number of men examined.....170
Found infected with Syphilis..... 23
Found infected with Gonorrhoea..... 9
Percentage of men found to be infected.....18%

The following table No. 2 is also of interest showing as it does the admissions by months to the San Francisco Hospital:

Aug.	(1917)	3 cases	May	(1918)	30 cases
Sept.	"	26 cases	June	"	24 cases
Oct.	"	36 cases	July	"	28 cases
Nov.	"	21 cases	Aug.	"	12 cases
Dec.	"	28 cases	Sept.	"	22 cases
Jan.	(1918)	25 cases	Oct.	"	37 cases
Feb.	"	19 cases	Nov.	"	33 cases
March	"	27 cases	Dec.	"	33 cases
April	"	26 cases			
			Total		430 cases

In addition to above, 33 cases were sent to the Isolation Hospital.

The average number of days patients remained in the hospital was 32.2 days.

It is noted that in spite of an active campaign by the morals squad during August in which 31 arrests were made, and 15 of the women examined were found ill with either Gonorrhoea or Syphilis, only three were sent to the hospital. This was

due to the subterfuges and technicalities of lawyers, whose sharp practice was short lived; by exercising the power of quarantine given to the State Board of Health by the Public Health Act of the State, the State Board in turn passed a regulation making Venereal Disease reportable and quarantinable, delegated the local health officer as the deputy with full power to quarantine all persons found suffering from Venereal disease.

This had a two-fold effect—first, it prevented release on bail and brought the infected to the hospital for treatment, and, secondly, it reduced the number of new infections.

The effect of law and enforcement is evident at a glance by the following table:

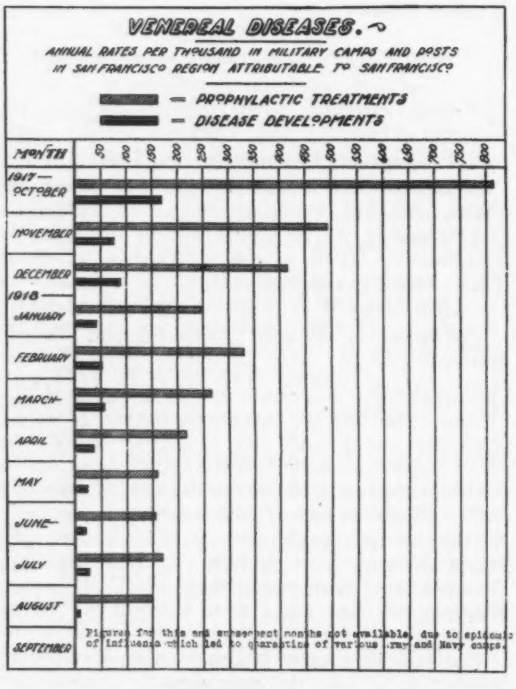

TABLE No. 3.

which shows plainly that isolation and treatment of the acute case as well as the chronic carrier is essential to the successful conduct of controlling Venereal Disease in a community.

When the incidence began to increase in February it was brought to the attention of the judges of our Police Courts and they responded and at once a decrease in the rate was apparent.

With the law and enforcement, the prostitute menace is reduced by such numbers that its effect is also felt as a factor in the reduction of cases of disease, as is demonstrated by the reducing number of prophylactic treatments reported by the Army. What is true of an Army camp must hold in civil life.

The following table shows a list of the major and minor operative interferences found necessary on prostitutes held in quarantine from August 15, 1917, to December 31, 1918:

MAJOR CASES.	
Hysterectomy	4 cases
Salpingectomy	15 "
Oophorectomy	10 "
Appendectomy	6 "
Uterine Suspension	2 "
Exploratory Laparotomy (Inoperable Sarcoma of Right Ovary)	1 "
Ventral Hernioplasty	1 "
Femoral Hernioplasty	1 "
Single Cataract	1 "

MINOR CASES.	
Excision of Bartholin Glands	45 cases
Cauterization of Cervix	31 "
Curettage	14 "
Perioneohaphy	5 "
Trachelorrhaphy	8 "
Hemorrhoidectomy	2 "
Syringetomy	1 "
Ischio rectal abscess	1 "
Interposition	1 "
Cystoscopy	1 "
Tonsillectomy	10 "
Septum Operation	2 "

Results of a Psychological Study.

A psychological study of 100 of the San Francisco prostitutes held in quarantine was made by Dr. Olga Bridgman, Medical Psychologist of the San Francisco Board of Health.

Very little careful work has been done with regard to the problem presented by the prostitute, and conjectures as to the intelligence of these girls and women have been numerous. The general conclusion, which has been accepted, is that approximately 50 per cent. of all prostitutes are feeble-minded and that, of those not actually feeble-minded, few are really endowed with good minds. On the other hand it has been pointed out by some of the more intelligent prostitutes themselves, that this conclusion is absurd, since the really clever prostitute seldom falls into the hands of the police. She lives her life quietly without attracting attention to the manner of gaining an income, and may occasionally be accepted in the better classes of society. This type of prostitute, needless to say, is almost never found in the courts, and is only rarely seen by social workers, when in her later years she finds herself broken down in mind and body, no longer able to obtain the income necessary to satisfy her luxurious tastes and quite unable to force herself to do the unskilled work which is her only resource.

The prostitutes considered in this report are all cases appearing in the courts; women whose very appearance in many instances advertises their manner of living and who are, for the most part, vulgar and profane, presenting no attractions whatever to the thoughtful observer.

Their ages range from 17 to 41 as is shown in Table No. 5. The majority were under 23 years of age, and while some were drug addicts as a rule they were strong and vigorous, while a large number of those over 22 were wrecks giving evidence of mental and physical excesses.

Of the group, 21 were born in San Francisco,

71 came from other parts of the State and 8 were foreign born, 3 were negroes and the rest all of the white race, there being no Mexicans or Indians or other races in the group.

TABLE No. 5.

Ages of Prostitutes Held for Treatment.

Age	Number	Age	Number
17 years	9	28 years	3
18 years	14	29 years	2
19 years	12	30 years	1
20 years	8	31 years	4
21 years	9	32 years	1
22 years	14	33 years	1
23 years	3	34 years	2
24 years	3	37 years	2
25 years	2	38 years	1
26 years	1	40 years	2
27 years	5	41 years	1
		Total	100

TABLE No. 2.

Birthplace of Prostitutes.

American-Born		92
San Francisco	21	
Rest of California	43	
Arkansas	1	
Colorado	2	
Georgia	2	
Idaho	1	
Illinois	1	
Indiana	1	
Louisiana	1	
Michigan	2	
Minnesota	1	
Missouri	1	
New York	5	
Ohio	1	
Oklahoma	1	
Oregon	1	
Pennsylvania	2	
Tennessee	1	
Washington	1	
Wisconsin	1	
Montana	2	
Foreign-Born		8
Belgium	1	
Canada	1	
France	2	
Germany	2	
Hungary	1	
Spain	1	
Total Number		100

Of the one hundred women, sixty-one were married once, twice or three times, and thirty-nine were unmarried. Early marriage seems to be fairly general; three were married at 13 years and only eight after twenty years of age. (See table following.) It has been advanced that prostitution was caused to an extent by late marriages. So far as these women are concerned, this is obviously untrue. Many of the group stated that early, unhappy marriages had been directly responsible for their becoming prostitutes.

Table No. 3.

MARITAL STATUS OF PROSTITUTES.

Married	61
Unmarried	39
Total	100

AGES WHEN FIRST MARRIED.

13 years	3
14 years	2
15 years	4
16 years	17
17 years	9
18 years	8
19 years	5
20 years	5
21 years	4
25 years	1
27 years	1
30 years	1
33 years	1
Total number	61

The education of these women is limited. None has gone beyond the second year in high school, and over half have never finished the seventh grade. Most of them were slow in school and were of the type which is quite incapable of completing the ordinary grammar school work. Only twenty-four of the group of one hundred finished grammar school.

Table No. 4.

EDUCATION OF PROSTITUTES.

Never in school	1
First Grade	1
Third Grade	4
Fourth Grade	7
Fifth Grade	11
Sixth Grade	7
Seventh Grade	26
Eighth Grade	15
Graduated	13
First year in High School	7
Second year in High School	4
? as to grade	4
Total	100

GRADES AND AGES ON LEAVING SCHOOL.

First Grade at 12 years old	1
Third Grade at 12 years old	1
Third Grade at 13 years old	2
Third Grade at 15 years old	1
Fourth Grade at 13 years old	1
Fourth Grade at 14 years old	3
Fourth Grade at 15 years old	2
Fourth Grade at 16 years	1
Fifth Grade at 11 years	1
Fifth Grade at 12 years	2
Fifth Grade at 13 years	3
Fifth Grade at 14 years	1
Fifth Grade at 15 years	3
Fifth Grade at 18 years	1
Sixth Grade at 13 years	2
Sixth Grade at 14 years	1
Sixth Grade at 16 years	3

Sixth Grade at 19 years	1
Seventh Grade at 12 years	1
Seventh Grade at 14 years	7
Seventh Grade at 15 years	8
Seventh Grade at 16 years	6
Seventh Grade at 17 years	4
Eighth Grade at 13 years	2
Eighth Grade at 14 years	2
Eighth Grade at 15 years	5
Eighth Grade at 16 years	3
Eighth Grade at 17 years	2
Eighth Grade at 18 years	1

GRADUATES FROM GRAMMAR SCHOOL.

At 12 years	1
At 14 years	4
At 15 years	3
At 16 years	4
At 17 years	1

IN HIGH SCHOOL.

First year at 14	1
First year at 15	1
First year at 16	2
First year at 17	2
First year at 18	1
Second year at 15	3
Second year at 19	1

All of these women were given a fairly extensive mental examination and the following clinical groups were found: Twenty-four were regarded as definitely feeble-minded, so defective that they could never be expected to look out for their own affairs intelligently and just as deficient as large numbers of girls who are already inmates of the State home for the feeble-minded. The necessary care for these is obvious. Only by continued institutional care can they be giveu such supervision as will protect society. Another woman was both insane and feeble-minded and had formerly been an inmate of one of the State hospitals for the insane. Still another was epileptic and feeble-minded and should certainly not be at large in the community.

Thirty-nine of the prostitutes belong in the doubtful or border-line group. They show a certain amount of mental defect, but under favorable conditions they might become self-supporting. They need careful supervision and training for a long time. Some will break down still further, so far as mental capacity is concerned, and they may later have to go to the Home for the Feeble-minded, but in each case an effort should be made to help the women to a useful life. To do this an industrial farm for women is absolutely necessary. In dealing with this doubtful group, we have no right to jump to conclusions as to future possibilities. Only after long continued study and observation should we judge this type of individual as fit or unfit.

Twenty-five of these women are merely dullards, with considerable shrewdness about practical matters, but untrained and lacking ambition or interest. For them, too, an industrial farm is necessary and the chances for the future are better than with the less intelligent girls.

Finally comes the group of intelligent, capable women, with quick, alert minds, but with no moral ideals and no scruples against a life of vice. These girls, capable intellectually of leading a normal life, but as a rule, selfish and unemotional, will be very hard to help. However, prolonged and patient effort has never been made systematically and until it is done, one has no right to anticipate failure.

Table No. 5.

CLINICAL DIAGNOSIS FROM INTELLIGENCE STANDPOINT.

Simple feeble-mindedness	24
Border-line or doubtful cases	39
Dull cases	25
Good adult intelligence	8
Insane and feeble-minded	1
Epileptic and feeble-minded	1
Dullard with drug addiction	2
Total	100

Table No. 6.

MENTAL AGES OF PROSTITUTES.

7 years	1
8 years	1
9 years	8
10 years	16
11 years	28
12 years	15
15 years	25
Adult intelligence	5
? Drug addictions	1
Total	100

CONCLUSIONS.

1. Suppression of prostitution in San Francisco has proven practical and successful and justifies a continuation of the same law and enforcement measures during normal times that were started as a war measure.

2. That a venereal disease hospital should be maintained by the city as a public health measure supplemented by clinics where proper treatment without cost can be administered.

3. That segregation should be made at the hospital which will tend to separate the beginner who is normal from the defective and hardened case.

4. That the State should provide a place where the sub-normal and defective can be sent and cared for after curing of the acute condition for which they were quarantined.

5. An industrial farm should be maintained by the State where the normal and border-line case can be sent for rehabilitation physically and where mental and vocational training may be had to fit them into the scheme of life which is possible only after a period of absence from the surroundings which enslaved them.

6. Without such co-ordinated and correlated connections the present system offers us no hope for the greater percentage of the women as it cures them for the time being of their acute troubles and throws them back into the mill to be ground over again.

SAN FRANCISCO BOARD OF HEALTH,
Per Wm. C. Hassler, M. D.,
Health Officer.

A PRELIMINARY REPORT UPON THE TREATMENT OF HAY FEVER BY ALCOHOLIC INJECTION.*

By D. H. TROWBRIDGE, M. D., Fresno, Cal.

Hay fever has been the bugbear of physicians for years. In the past, when a patient suffering from hay fever came to us for treatment, we felt helpless and said there was little or no cure. It is true that in many cases we found deformities of the nose such as deflected septums, enlarged turbinates, septal spurs, etc., which seemed to contribute to the disease, but unfortunately the correction of these deformities, as a rule, did not relieve the distressing symptoms which arose from the hay fever itself. I think a great deal of injurious operative procedure has been carried out in these cases, especially the removal of the turbinate bodies and that much harm was done by these operations, and after all it was very rare indeed when this operative work produced any beneficial results on the hay fever symptoms.

Several years ago it was suggested to me by my friend Dr. James A. Black of San Francisco, that alcohol injected into the mucous membrane of the nose would relieve hay fever. At the time I thought but little of the suggestion and in fact had very little faith in it, but as different hay fever patients presented themselves, and I was unable to relieve them by other means, I finally decided to try the injection of 95% alcohol into the nose as a cure or relief for hay fever.

One of the first upon which I used the treatment was a particular friend of mine, Mr. S.——, then Mayor of Fresno. The reaction was so great that the Mayor thought he was ruined for life and suffered much more intensely for a few days than he had previously. However, much to his surprise after about ten days, his symptoms entirely disappeared and he has never had a return of the trouble to the present date. With this beginning, I tried an occasional case until about four years ago when I commenced to treat all cases of hay fever that came to me in this same manner. At first I was surprised to find that nearly all of the cases were entirely relieved of the symptoms. At the present time, after treating sixty or seventy cases, I am very much surprised if the patient is *not* relieved.

I make the injection directly into the turbinate body, especially the lower turbinate, also into the sides of the septum as well. The treatment is somewhat painful, even, although, the nasal cavity has been thoroughly anesthetized. There is no pain at the entrance of the needle but upon the injection of the alcohol into the tissues the patient complains of considerable pain for a few moments at each injection, provided the alcohol is properly injected. Several injections should be made on each side, and I have felt in some of the cases in which the treatment was not a success, that the fault lay in my technique rather than with the treatment itself. There is considerable reaction following the treatment lasting from two to seven days. Relief from the sneezing is usually immediate. I usually prescribe an antiseptic spray to relieve the congestion.

I have been asked by different physicians if there is not an atrophic change following the treatment; loss of smell or some other sequelæ. From a great many patients whom I have treated, inquired of, and examined, I can say that in no case has any bad effect or the loss of smell been observed, and in fact no bad effects in any way have followed the treatment so far as I could observe, and no extreme symptoms have been noticed at the time of the treatment.

It is not my purpose to try to explain how this treatment acts upon the tissues nor do I feel equal to explaining the etiology of hay fever, other than to say that it has been supposed to be due to some pollen which is inhaled and causes an irritation of the schneiderian membrane and the nerves of the nose. Dr. Grant Selfridge of San Francisco has been doing extensive work along the line of study of pollenization and the study of vaccine treatment for hay fever. Dr. Selfridge deserves great credit for his work along this line, and believes more firmly than ever in the influence of pollen in true hay fever. It is possible the ductless glands play some important role in its etiology. At any rate, I am sure, as I can prove by numerous cases, that the effect of this injection upon the nerve centers is to remove entirely in a great majority of cases, the sensibility to the pollen, if it be the cause, and in other cases to, a great extent. I presume the injection acts upon the nerves of the nose in the same manner the injection of the branches of the tri-facial nerve relieves facial neuralgia. As to the permanency of the cure, it varies with different people. Some cases which I treated four or five years ago have never had an attack since, although they had suffered each spring and summer previous to the treatment. Others are relieved for one season and have a return of the symptoms each year. Most cases, however, seem to be cured permanently. I have used vaccine to some extent but with little result.

I will report a few cases I have treated within the last few years.

Mrs. C., age about 18 years of Merced, Cal., treated in 1915. Had suffered very severely for several seasons, so much so in fact, that each year she was forced to go to the beach or the mountains. She was rather a nervous individual and probably not as well treated as some other patients. After a few days all symptoms disappeared and at last report, several months ago, she had suffered no return of the trouble. She has been so much pleased with the treatment that she has referred numerous cases to me.

Miss D., age 22, teacher by profession. Had hay fever for several years, also several other members of her family were similarly affected very severely. Was treated in the usual manner and after a few days reported herself entirely relieved. During the summer vacation following the treatment she visited relatives in Texas where several members of the family were affected with the hay fever and was overjoyed to find that she had no return of the attacks.

Dr. I. Had suffered intensely from hay fever. Was treated in 1918 and secured only partial relief. So far this season has suffered somewhat but not

* Read before the Fresno County Medical Society June 3, 1919.

so severely as heretofore. This is one case that cannot be termed a cure.

Mr. K., age 35, member Fresno City Fire Department, referred by local physician. He was suffering severely, tears streaming from his eyes which were red and inflamed, and nose completely obstructed and claimed he had been unable to sleep for several nights. Was treated in the usual manner and returned twenty-four hours afterward so much relieved that he looked like a changed individual. He still remains entirely relieved.

Mr. L., Southern Pacific employee from Tracy, had suffered for three or four years. Was injected on May 10, 1919, and has had perfect relief since that date.

Miss N., age 19, of Visalia, treated in July, 1918. Had suffered from severe attacks for several years. Had a deflected septum which was operated and at the same sitting was injected for hay fever. Had perfect relief until May, 1919, when she again presented herself for treatment. Have not heard from her since the treatment, which occurred on May 21, consequently cannot give the results of the second treatment.

Miss H., age 30. Suffered so severely that each season for the past six or seven years was compelled to go to the mountains or the coast. Was treated on May 2, 1919, and relief was almost immediate. Claims she has practically not sneezed since the treatment.

Mr. H., age 17, of Visalia. Was a very timid individual and I had considerable difficulty in making the injection properly, but he was nevertheless entirely relieved almost immediately. In fact within a week was working as a "hand" in the hay field and has had no return of the symptoms.

Miss F., age 30, of Visalia. Had suffered for years. Was treated in Visalia but not to my entire satisfaction. Had considerable reaction and reported to me two weeks ago that she was not entirely relieved. Since that time her family physician advised me that she was improving.

Mrs. B., a sister of one of the leading physicians of the valley, was referred to me by her brother. She was suffering from a deflected septum which was operated and at the same sitting was injected for the hay fever. She was immediately relieved of all hay fever symptoms practically from the hour of the treatment. I saw her on May 30 and she expressed herself as being very greatly pleased with the result of the treatment, since this is the first season for several years that she has not suffered intensely.

As I said before, in the cases in which a cure was not effected, I am unable to say whether it is due to improper technique on my part, or a peculiar susceptibility of the patient, but I hope to get in touch with most of these unsuccessful cases and see if they cannot be relieved. I have mentioned these cases to show that not every case is cured but I believe my ratio has been five out of six, and most of the cases have had but one treatment.

The treatment is not, as I mentioned before, extremely painful, but it is not as entirely devoid of pain as one would suppose it should be. Some patients seem to suffer very little, while others claim the pain is intense.

I wish to quote verbatim from a letter I received a few days ago from a patient (a minister), Mr. D.——, whom I treated about April 15, 1919. He had no operation other than the injection of the alcohol into the nose. His letter, dated May 28th, is as follows:

"I have been slow in writing you because I have been out of town and have also been extremely busy. But this delay has made it possible for me to test out the results of the work you did on my nostrils for the hay-fever. I appear to have received a cure. All symptoms of the hay-fever have passed away. I do not sneeze, my nostrils have cleared completely and I breathe without any hindrance. My eyes do not smart or run any more. It is six years since I began having the hay-fever and every spring I would lose my efficiency and would suffer very much from it, but I feel splendid now, better than in years, and I feel that I am under obligations to you for it. I shall let my friends know about this."

In conclusion:

First—The vaccine treatment of hay fever has not been all that we would desire, and while I am hoping that in time something promising along this line will be found, I do not think as yet the solution of the problem has been found in the vaccines.

Second—The alcohol treatment is much quicker, only one treatment being required usually, and the result in most cases is permanent.

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CHILDREN'S YEAR IN CALIFORNIA.*

By ADELAIDE BROWN, M. D., San Francisco.

The second year of America's entrance into the world war was declared "Children's Year" by President Wilson. Under the Program of the Children's Bureau, Department of Labor, Washington, —suggested by Miss Julia Lathrop, Director—the slogan "Save 100,000 Babies," of the 300,000 deaths under one year of age in the United States, was established.

This Program was undertaken by the Women's Committee of the Council of Defense, and Dr. Jessica Peixotto of the University of California went to Washington, as Chairman. The Children's Bureau co-operated in every way in printing, extending franking privilege to State Chairman, etc. The States were organized under a State Chairman, and each County under its own Chairman of Children's Year.

California was organized in April, 1918, and secured at once the endorsement of the State Medical Society and the State Board of Health,—thus acknowledging that no program for better health in childhood could be put through without the cordial support and work of the medical profession.

California's share of the babies to be saved is 1822. Our actual results cannot be given before June. The epidemic-free months of the year will be the basis for estimating the effect of the teaching of better child-care during Children's Year.

The work was organized in 52 Counties in the State. The State Board of Health issued its June Bulletin as a "Children's Year Bulletin," and 15,000 copies were distributed. This Bulletin included a very careful article on "Vaccination," certain articles on "Child Hygiene," as well as those on "Birth Registration," "Clean Milk" and "Child Welfare."

The National Program was divided into three campaigns, —

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The *First,* on Weighing and Measuring,
The *Second,* on Recreation, and
The *Third,* called "Back-to-the-School."

The California Committee emphasized for its year's work the Child Hygiene side of the National Program. It carried on the Weighing and Measuring Drive in 38 Counties, which reported in August. Five hundred and forty-one physicians in the State signed the National Weighing and Measuring Cards, which were sent to Chicago to be compiled with the National Report, and 53,462 children were weighed and measured. This is about 20 per cent. of the population under 6 years of age.

Since that time 6 other Counties have Drives under way or completed. Ten Counties are re-weighing their children, and thus emphasizing to the mothers the value of observing the growth of the child and of frequent examinations.

In the total number—

46.6 per cent. had physical defects,
36 per cent. abnormal tonsils and adenoids,
24.7 per cent. were below the height or weight of the National scale,
5.5 per cent. had defective teeth.

These statistics were slightly larger in the first 40,000. The Weighing and Measuring Drive gave a great opportunity for education, and every mother was given a Dietary corresponding to the age of her child, various Government pamphlets, and literature on the care of the teeth, as well as a general educational Flier emphasizing the points in perfect childhood.

Birth Registration has been emphasized all over the State. Thirty thousand cards were circulated and sent back to Sacramento, registering the children under one year of age, and when the State Records were searched it was found that the best Counties showed 7 per cent. unregistered and the poorest as high as 26 per cent. unregistered. The County Chairmen followed up these cases of non-registration, with the result that 1710 more children appear on the Register up to January 1, 1919, than the increase of any other preceding years.

The infant mortality in California varies from 14.2,—or 142 per thousand births—to 6.4,—or 64 per thousand births, in San Francisco, and averages 7.8 throughout the State.

The intensive care given in San Francisco to the city's abandoned children, is probably one reason why the infant mortality is low. Under the boarding-out system of the Associated Charities, and the Health Center idea,—as developed for the medical and nursing guidance of this group of babies—their statistics have dropped from 12 per cent.,—when the Foundling Asylum was first broken up and the babies boarded in private homes—to 2.8 per cent., the average of the last five years under the supervision of Public Health Nurses and the Children's Health Center.

New Zealand has the lowest national infant mortality rate,—5 per cent—and this is secured by the same intensive type of work, applied to a country with a population, climate, and territory about equal to California. 5 per cent. for the State should be the goal toward which we look.

Infant mortality from intestinal disease has been greatly reduced by Feeding Stations, clean milk, and a general education of mothers. The pioneers in this movement—Henry Coit, Emmett Holt, Julia Lathrop, and Nathan Straus—and their co-workers in the National Federation of Women's Clubs, the doctors and the lay-press, have made this drop in infant mortality from intestinal disease, but all deaths are not from intestinal disease. In the first weeks of life the classification of causes for death, from the Vital Statistics Report of 1913, are: prematurity, toxemia of the mother, injuries to the child at birth, syphilis, and malformation of the child.

Certainly better pre-natal care could bring the first four of these causes for infant mortality under control. A fore-seeing of the mechanics of parturition would reduce the injuries at birth, and the toxemias of the mother would be greatly lessened by continuous pre-natal care, as would the losses from syphilis and prematurity. The conditions of the ovum, causing mal-formation of the child, are outside of our range of skill.

The United States does not hold a creditable position as regard maternal mortality,—based on a world study. Next to Spain, she has the highest mortality, and today the great emphasis should be on "better pre-natal care."

The draft statistics certainly have emphasized to the people of the Nation—both lay and professional—that health inspection and repeated physical examinations will bring out faults, the correction of which will add to physical power. The men in the draft were discarded at about 35 per cent. The children of California under six years of age have 47 per cent. of correctable defects. The Children's Year Program offers three modes of meeting this problem:

First—The Public Health Nurse.
Second—The establishment of Observation Centers for childhood, called "Health Centers," where better feeding should be taught, and the growth of the child observed, and
Third—In centralizing the guidance for this type of work by the establishment of a Child Hygiene Bureau under the State Board of Health.

Children's Year in California, in co-operation with the work of the Bureau of Tuberculosis of the State Board of Health, has established 15 County Nurses and many Health Centers started throughout the State.

Under the head of the University Extension work, a Lecture Course was carried on in both Los Angeles and San Francisco during the winter, and two Correspondence Courses on "Scientific Motherhood" are in action.

The establishment of a Child Hygiene Bureau is in the hands of the California State Legislature. Twenty-one States have these Bureaus,—14 of them having been established since the beginning of Children's Year—and Indiana, Connecticut and California have bills before their Legislatures. No State has ever given one up.

The bill establishing a Bureau of Child Hygiene under the State Board of Health of California was signed by Governor Stephens May 27, 1919.

We hope at the next test that California will appear on the Birth Registration Area of the United States. 70 per cent. of the population of the country is included in this Area now. It is in the hands of every physician to assist better Birth Registration.

The Back-to-the-School drive, planned by the National Committee, we have covered in California by giving State-wide publicity to the new Legislation for Better Schools, which Mr. Wood, the Superintendent of Education, has before the Legislature. We have spread Posters and Fliers, furnished by the Government, throughout the State, and have covered the 3000 rural schools,—the one-room school of the State with from seven to thirty children—with a Rural School Health Program of the type of the four-minute talks, furnished to the teacher fourteen pieces of literature on Child Hygiene and a synopsis of these talks.

These were sent to every school in the State, with the co-operation of the County School Superintendents, and many of them are emphasizing the work in their County Institutes.

A booklet on "Clothers for California Children" will complete the literature of Children's Year, and will be issued throughout the State by the first of May. This will cover "Correct Clothing and Shoeing" for children from birth to twelve years of age. The child in the home and at school are both emphasized in this booklet. The play-ground costume of the bloomers and dress for girls, and the abuse of the sweater by boys as an in-door and out-of-door garment, are both emphasized.

Without the support which the California State Medical Society gave to the Children's Year Program, California could not have taken the prominent place which she did take in the development of this Program.

The Executive Committee of Children's Year is glad to have this opportunity to express its appreciation of the work of the medical profession in assisting the Program in California.

UNSATISFACTORY RESULTS FOLLOWING NON-INFECTED FINGER INJURIES IN INDUSTRIAL ACCIDENTS WITH SPECIAL REFERENCE TO AMPUTATIONS.*

By R. W. HARBAUGH, A. B. M. D.; G. F. HELSLEY; C. B. HENSLEY.

In the course of investigation of various matters associated with permanent injuries, I was greatly impressed by the fact that the rehabilitation of the injured workmen seemed often to depend less on the extent of the original injuries than on certain factors which in many cases appeared to be preventable. The purpose of this paper is to point out some of these causes of continued disability, illustrating same by notes which I jotted down on investigation reports at the time of the visits.

*Read before County Medical Society, Dec. 10, 1918.

Present attention is limited to finger injuries because they comprise an unusually large proportion of industrial injuries and therefore of the cases seen in the investigation. Of 4,265 permanent injuries occurring in California in the years 1914, 1915 and 1916, 2,437, or over 50 per cent. were finger injuries. For the average laborer the fingers are the essential tools of his craft and anything which impairs their function seriously cripples his usefulness. The remarkable development in recent years of various manufacturing industries has multiplied many times the injuries of fingers among machine operators, and it is apparent that insufficient attention has been given this increasingly important subject by surgical writers. Of finger amputations, 1,946 occurred in the three years above mentioned, and only 189 amputations of arms, hands, legs or feet. The average medical college curriculum and surgical text devote undue attention to the latter subject, but little to the former.

Approximately 200 cases of non-infected finger injuries were seen. Practically all these were the results of accidents occurring in the years 1915 and 1916, in a district comprising roughly the northern part of the State of California. Unsatisfactory results were noted in 96 of these cases, 61 of which are presented in the accompanying tabulation. The cases omitted presented no additional features of interest. That 48 per cent. of unsatisfactory results should occur in finger injuries, even though not all are to be considered preventable, is a powerful argument for further consideration of this subject on the part of surgeons.

The cases with a history of infection are not included, for the reason that in them it is impossible now to recognize the problems which were met in the individual cases and to justly criticize the actual results. However, as bearing on these cases, instruction may be gained from the records of men with stiffened fingers who would rather have them off (vide infra).

Discredit may be thrown on this work on the ground that a certain proportion of injured workmen are apt to complain of non-existent defects on account of a natural propensity to "kick," or in order to exaggerate their condition for the sake of possible additional compensation. As far as the latter point is concerned, all were informed that the investigation was for statistical purposes only and that it was entirely without the jurisdiction of the invesigator to re-open their cases. In fact, in most cases, as they well understood, the lapse of time prevented any possibility of their getting a higher rating. Moreover, in practically all instances the points complained of could be confirmed by objective findings. Care was taken not to suggest any particular symptoms, only such general questions being asked as: "How is the stump?", or "have you had any trouble at your work?"

The men of this series were mostly young and were practically all healthy, vigorous laborers. No inherent constitutional defects accounted for their failure to secure useful fingers after the injuries which they suffered.

Group I.

CASES WITH INSUFFICIENT PAD ON STUMP AFTER AMPUTATION.

At the outset it may not be granted that the symptom so universally complained of in this group, sensitiveness to pressure, is due to an insufficiently thick covering of soft tissues over the end of the bone. My experience with such cases, however, has convinced me that it is the essential cause. Often by mere inspection or after palpation of the stump I could anticipate the next words of the injured man—"My finger is so sore on the end that I can't touch it against anything hard."

It would be interesting to see these men five years hence to find if their disability continues. It is the writer's belief that in most cases it will. It was generally claimed that there had been scarcely any improvement after recovery from the original traumatic condition.

The prophylactic remedy for insufficient pad is to shorten the bone until proper flaps can be secured to properly cover the stump. In view of the physiological fact that the tissues in an amputation stump waste away, the advisability of securing thick pads may be questioned. It is true that muscle tissue, and doubtless fat also, in whole or part, disapear from the flaps used to cover a stump, but examination of these stumps some time after the injury indicates that fibrous tissue has been substituted for the tissues that have wasted, and the extent of the development of the fibrous pad seems dependent on the original thickness of the covering (ceteris paribus). I have not had an opportunity to make an anatomical study of the stump of a previously amputated finger, but external examination has convinced me of the above fact.

The question of adherent scars is closely related to that of insufficient pad and some cases in Groups I and II are interchangeable. A cicatrix "improperly placed" is not often troublesome unless associated with insufficient pad. But there are many cases in my series where tenderness of the stump was caused by insufficient pad alone, not being associated with an adherent or improperly placed scar, and without evidence of the inclusion of nerve ends in the cicatrix.

GROUP I (16 cases omitted).

(f=finger, prox=proximal, mid=middle, dist =distal, jt=joint, phal=phalanx.)

(Time refers to period between accident and investigation. Occupation is that in which injured was engaged at time of investigation. "Major" and "Minor" refer to major and minor hands.)

T. M., Riveter, 2 yrs., 9 mo.—Loss of thumb at dist. jt., minor. Very sensitive on end; gets sore so injured has to "lay off." Bone too close to skin.

J. C., Carpenter, 2 yrs., 8 mo.—Loss of thumb at dist. jt., minor. Stump is painful, insufficient pad. Very hard to handle nails.

M. C., Salesman, 2 yrs., 8 mo.—Loss of index thru mid. phal., loss of tip of mid. f., minor. Stump of index is satisfactory, but middle finger is so sensitive on the end because of insufficient pad over end of bone that it cannot be used for any work.

T. H. M., Auto ship worker, 2 yrs., 4 mo.—Loss of index and mid. at prox. jt., minor. Stump of middle finger satisfactroy, but index finger very sensitive so that he has to wear glove on that hand.

J. E., Planing Mill man, 2 yrs., 3 mo.—Loss of mid. f. thru mid. phal., major. Pain and swelling if struck; wishes stump were off; insufficient pad.

J. A. La B., Engineer, 2 yrs.—Loss of ring f. at dist. jt., major. Painful on end; bone *exposed,* not covered by skin.

J. L., Laborer, 1 yr., 11 mo.—Loss of part of dist. phal. major thumb. Pain on touching tip of thumb to solid object, insufficient pad. Cannot return to former occupation, tailor, as thumb is too sore to use in making button holes.

T. J. F., Carpenter, 1 yr., 7 mo.—Loss of mid. f. at dist. jt., minor. Tender on end; insufficient pad. Injured wishes it had been shortened back further.

J. G., Garage Helper, 1 yr., 5 mo.—Loss of mid. f. through terminal phal., major. Very sensitive on end so he cannot touch anything solid against it. Can not work Ford auto throttle; nail deformed; insufficient pad.

J. K., Mechanic, 1 yr., 1 mo.—Loss of index f. at dist. jt., minor. Wound healed satisfactorily, but has become sore again; insufficient pad.

T. A. J., Sawyer, 1 yr., 1 mo.—Loss of ring f. thru mid. phal., minor. End very sensitive if struck and painful in cold weather. Terminal scar; insufficient pad.

N. McC., Machinist, 8 mo.—Loss of index f. at dist. jt., major. End painful on pressure; limited movement; insufficient pad; adherent scar. Injured wishes finger had been severed at proximal joint.

Group II.

UNSATISFACTORY SCARS AFTER AMPUTATIONS.

It is an accepted principle that the scar following an amputation should be kept away from the point of pressure, which indicates a dorsal rather than terminal or volar cicatrix for fingers. In my series, however, there have been but few cases (see V. B., 6th case of Group II), where an improperly placed scar has of itself been the cause of disability, this despite the fact that a very large proportion of the scars are terminal or volar.

The nature of the original injury is usually such that the excess of damage is to the volar tissues leaving a natural dorsal flap which can be brought over and sutured. The amount of shortening which would be necessary to fashion a volar flap to cover the bone end renders this "text book" procedure objectionable. It is true that the skin of the palmar surface has better tactile sensation and stands up better under daily use than the dorsal skin, but these are insufficient reasons for marked shortening of the finger.

It is quite a different matter if a terminal or volar scar is adherent to the bone, associated as it usually is with insufficient pad. Accompanying the tenderness of the whole stump and especially at the scar itself, there will often be distinct limitation of movement on account of pain on sharp forcible flexion, as in grasping a tool. The "drawing" of the soft parts on the adherent scar during flexion can be plainly observed in such cases.

GROUP II (2 cases omitted).

W. A. L., Machinist, 3 yrs., 1 mo.—Loss of thumb at dist. jt., minor. Severe pain on grasping any solid object firmly. Volar, adherent scar.

W. H., Stat. Engineer, 2 yrs., 7 mo.—Loss of thumb at dist. jt., minor. Severe pain on grasping any solid object firmly. Volar, adherent scar.

J. B., Well Driller, 2 yrs., 3 mo.—Loss of thumb at dist. jt., minor. Still tender to pressure. Terminal scar; adherent; insufficient pad.

G. S., Machinist, 2 yrs., 3 mo.—Loss of little f. thru prox. phal., major. Always sore on end and pains severely for long while if struck. Insufficient pad.

M. H., Carpenter, 1 yr., 8 mo.—Loss of thumb thru prox. phal., minor. Very sensitive on end so can not use thumb as opponent to index in handling nails. Terminal scar.

V. B., Laborer, 1 yr., 3 mo.—Loss of mid. f. at distal jt., ring f. just prox. to dist. jt., both major. Very sensitive to pressure. Good pads but volar scars.

E. G., Laborer, 1 yr., 1 mo.—Loss of little f. at prox. jt., minor. Still very tender at scar; has to wear glove at work. Adherent volar scar.

Group III.

ENDS OF SEVERED NERVES CAUGHT IN SCARS AFTER AMPUTATIONS.

The symptoms complained of, attributable to nerves being incorporated in amputation scar, were quite varied, but the most common was a more or less continuous paresthesia—numbness, tingling, "electric shock," etc. More disabling was definite tenderness at the end of the nerve, especially in a volar or terminal scar. On exerting point pressure along the line of the scar a slightly prominent place would be found, gentle pressure on which would cause a distinctly unpleasant sensation to the injured, often accompanied by immediate motor reaction. Such a finger is unsatisfactory.

Wherever it is possible, the nerves should receive the same attention in finger amputations as in a major amputation, at least where the amputation is proximal to the distal joint. The nearer the hand is approached the more essential does this become. Remembering the anatomical relation of the nerves to the arteries, it should not be too difficult to pick up the severed ends and remove the terminal portion.

GROUP III (5 cases omitted).

J. B. P., Millwright, 2 yrs., 9 mo.—Loss of thumb thru prox. phal., index f. thru prox. phal., major. Good movement of stumps but end of index finger very sensitive and with continuous paresthesia. Nerve in scar.

C. W., Laundry Worker, 1 yr., 9 mo.—Loss of index f. thru mid. phal., major (left). Stump sensitive and painful on flexion when there is drawing in of scar. Nerve in scar.

C. J. M., Drayman, 1 yr., 2 mo.—Loss of thumb at dist. jt., minor. End very sensitive and continuous paresthesias. Nerve in scar.

J. M., Carpenter, 1 yr., 2 mo.—Loss of index f. thru prox. phal., minor. Stump very sensitive. Nerve in scar. Neuroma. Trouble in handling nails.

E. W. S., Tallier in lumber mill, 10 mo.—Loss of index f. at dist. jt., minor. Stump not painful, but paresthesia (numb-feeling) constantly. Nerve in scar.

E. W. S., Tallyer in lumber mill, 10 mo.—Loss of all fingers thru metacarpal bones, major. Paresthesias very troublesome, keep him awake at night. Nerves in scar.

H. L., Laborer, 9 mo.—Loss of index, mid., and ring f. at carpo-metacarpal joints. Scar is sensitive. Adherent nerves which will have to be removed.

GROUP IV (6 cases omitted).

DEFORMED NAILS FOLLOWING FINGER AMPUTATIONS

There is scarcely anything more troublesome to a worker than a defective finger nail. In some cases it sticks out from the stump like a hook and catches on things, sometimes tearing off, always very painful. The unfortunate part is that no matter how much trauma is done to the nail it continues to grow in. Sometimes only a fractional and very much disordered matrix survives the original injury and the nail is a mere stub, often narrow and sharp and growing out at right angles to the surface. Pressure on the point of this forces the base into the subjacent tissues and causes excruciating pain. The arrangement of the flaps may carry the matrix on to the terminal or even the volar surface, so the disability which ensues may be easily appreciated.

Unless most of the damage to the soft parts is on the dorsal surface, it is unusual for an amputation distal to the distal joint to be accompanied by a troublesome nail. In such cases the nail usually grows in straight and is highly valued by the injured workman, especially for the protection of a tender stump. In cases of amputation at the distal joint or proximal thereto, the surgeon must consider that the nail, should it appear, will be a nuisance and he ought to take steps to prevent its growth.

However, the essential point regarding a prospective deformed nail is the dage relation to the soft parts and not the place at which the bone is amputated. It is surprising to note the reappearance of nails following amputations thru the middle

phalanx (three cases of this group) in which, evidently, a long dorsal flap was preserved. The chance that any little tag end may carry some matrix should be borne in mind—and the less there is of it the more troublesome the resulting nail is likely to be.

GROUP IV. (6 cases omitted).

R. F. H., Tool-man, 2 yrs., 10 mo.—Loss of index f. at dist. jt., mid. f. thru mid. phal., major. Stump of nail on index finger troubles him all the time.

G. A., Lumber yard laborer, 1 yr., 10 mo.—Loss of ring f. thru mid. phal., minor. Defective nail bothers and will have to be removed.

P. J., Machinist, 1 yr., 8 mo.—Loss of index f. at dist. jt., major. Nail grew in and was removed, but still grows in and bothers.

J. A. M., Flour Miller, 1 yr., 6 mo.—Loss of mid. f. thru mid. phal., minor. Defective nail stump gives great trouble.

E. M. S., Gasboat Man, 1 yr., 5 mo.—Loss of substance from dorsum of index f., no bone lost. Sensitive nail stump will have to be removed.

C. F., Cook, 1 yr., 4 mo.—Loss of index f. thru dist. phal., mid. f., thru mid. phal., major. Stumps are good, but defective nail on middle finger bothers him, growing out crooked, catching and tearing off; nail of index finger defective, but no inconvenience.

Group V.

TROPHIC DISTURBANCES—IMPAIRMENT OF CIRCULATION.

In criticizing the results of these cases, I feel that I am standing on rather insecure ground. It must be hard indeed to decide whether or not the nerve and vascular supply of the injured digit is going to be sufficient to maintain its vitality. I wish to point out one fact, however. It is of no value to a laborer to have a finger that is useless and painful, and unless the surgeon is convinced that the flaps have satisfactory anatomic relation to the finger, he should shorten the bone sufficiently to allow the formation of proper covering.

The circulation of every finger is more or less impaired after amputation. For years, most men complain of some pain in cold weather, etc. But the cases I have listed are of much more severe type than this, and it will be noted that most of the injuries have been severe crushing or laceration, following which the finger has had to be rebuilt. These "rebuilt" fingers *look* better than *no* finger and in some walks of life are highly desirable. For a workman they are usually only an annoyance.

GROUP V (3 cases omitted).

L. W. V., Laborer, 2 yrs., 8 mo.—Loss of index f. at mid. jt., minor; result of laceration. Pains in cold weather; trophic disturbance.

C. J., Farm laborer, 1 yr., 2 mo.—Loss of little f. thru mid. phal., immobility at mid. jt., minor; result of catching hand in cogs. Finger bothers in cold weather; marked trophic disturbance (skin shiny, wasting); cyanotic.

E. E., Tool Grinder, 1 yr., 2 mo.—Loss of index f. at dist. jt., minor. Very sensitive on end because of insufficient pad; marked trophic disturbance. He cannot use the finger at all in work and wishes it were off. Had to give up former occupation, carpentering, because he could not hold nails.

S. H. T., Machinist, 1 yr., 1 mo.—Loss of ring f. at dist. jt., minor; result of crushing injury. Trophic disturbance; wasting, insufficient pad over end and along volar surface so finger is very tender and bothers at work; skin shiny; finger cyanotic.

W. H. L., Marine Engineer, 1 yr.—Loss of index finger thru prox. phal. and immobility of mid. f. at mid. and dist. jts., major; result of severe wound. Middle finger has impairment of sensibility; continuous paresthesias; shiny skin; cyanosis; has to keep it wrapped up in cold weather; finger should be amputated.

Group VI.

IMMOBILITY OF FINGERS WITH CONSEQUENT LOSS OF USEFULNESS.

In most lines of work, it was found that a stiff finger was a liability rather than an asset, especially in cases of ankylosis of more than one joint. In case the surgeon can anticipate such a result it is certainly better to amputate at once.

GROUP VI (2 cases omitted).

S. C., Woodchopper, 2 yrs., 8 mo.—Laceration resulting in immobility of index f., minor, at mid. and dist. jt. Painful volar scar; use of hand seriously interfered with; intends to have finger removed.

C. E. D., Cook, 2 yrs., 7 mo.—Resection of mid. jt. of mid. f., minor, with consequent immobility, deformity and shortening. Finger is in the way at his work and injured wishes that it were off.

R. E., Mill Hand, 2 yrs., 7 mo.—Loss of index f. thru mid. phal., little f. at prox. jt. Severe limited movement of middle and ring fingers at middle and distal joints; all major hand. The stiff, deformed fingers are only in the way and the injured wishes they were off.

S. A. W., Ship Carpenter, 2 yrs.—Limited movement of index f., minor, at all joints. Seriously inconvenienced at work and thinks better if finger were off. Had to give up occupation as house carpenter, as he could not handle little nails.

J. A. H., Machinist, 2 yrs., 3 mo.—Severe laceration of ring f. and little f., resulting in limitation of flexion; major. Fingers are in the way for certain work and injured wants them amputated.

N. M., Section Foreman, 1 yr., 2 mo.—Immobility of index f. at dist. and mid. jts., major. Serious inconvenience. Injured re-

quested amputation at middle joint but was refused. Thinks much better if off.

Group VII.

MISCELLANEOUS DEFECTS.

The two cases of digits which give trouble solely because they are so large on the end, should be borne in mind in fashioning the flaps of an amputation. The bony processes which give trouble may be from misplaced pieces or may be real bony outgrowths. Care must be exercised to see that the bone is left smooth and that no loose fragments remain.

GROUP VII.

E. W. J., Lard Refiner, 2 yrs., 8 mo.—Compound fracture of thumb, minor. Limited motion of distal joint. Proximal phalanx is so close to volar surface that thumb blisters whenever he uses it; very painful in cold weather.

A. A., Stock Clerk, 2 yrs., 2 mo.—Immobility of thumb at dist. jt., minor, following fracture. Exostosis on volar surface forms painful knob under skin.

W. G., Shipfitter, 2 yrs., 1 mo.—Loss of thumb thru dist. phal., minor. Dorsal scar. Not sensitive on end. Good stump except that it is large, bulbous on the end, making it inconvenient to pick up anything small, as a tack.

J. McP., Laborer, 1 yr., 8 mo.—Loss of index f. at dist. jt., minor. Insufficient pad; tactile sensibility destroyed but stump is painful.

J. R., Planer, 1 yr., 7 mo.—Loss of mid. f. thru mid. phal., major. Good stump except enlarged at end so that it gets skinned.

E. E. T., Crane Operator, 1 yr., 6 mo.—Loss of mid. f. at prox. jt., minor. Sharp bony process palpable on volar surface at site of amputation, which is tender to pressure.

M. F., Laborer, 1 yr., 2 mo.—Loss of tip of thumb, minor; painful on end, especially in cold weather so that he has to quit work.

Group VIII.

COMBINED DEFECTS.

Little need be added regarding these cases. They are, in the main, simply further examples of points previously brought out. I would call special attention to the fourth case, W. S., where it was thought an amputation would be necessary, but later it was decided not. The first thought was evidently the best one. The fifth case, W. E. McE., illustrates the general futility of stitching an amputated piece back on the stump and expecting a satisfactory working-man's finger to result.

GROUP VIII (5 cases omitted).

W. H. S., Laborer, 2 yrs., 10 mo.—Loss of mid. f. thru mid. phal., loss of substance from dorsum of ring f., minor. Nerve end in scar of middle finger is very sensitive. Deformed nail of ring finger.

A. P. M., Machinist, 2 yrs., 4 mo.—Loss of index and mid. f., thru dist. phalanges, major. Bothered by tenderness at all work. Volar scar on middle finger with sensitive nerve end. Defective nails bother him.

N. T., Carpenter, 2 yrs., 4 mo.—Loss of index f. at mid. jt., minor. Insufficient pad; continuous paresthesias from nerve ends in scar. Greatly inconvenienced at his work holding nails.

W. S., Carpenter, 2 yrs., 4 mo.—Loss of substance of thumb, minor; result of a crushing injury and perforation of end of the thumb by nail. It was first thought that amputation would be necessary. Defective nail causes bleeding when he touches anything with it. Thumb pains when he touches any hard surface and pains unbearably in winter.

W. E. McE., Laborer, 1 yr., 11 mo.—Wound of dist. phal. of index f., major. Finger gets so cold in winter injured has to sit on it. Wishes finger were amputated. Tip of finger was practically amputated, but was replaced and grew. Damaged nail bothers very much; tingling feeling continuously.

J. U., Cooper, 1 yr., 11 mo.—Loss of substance mid. f., major. No bone lost. Stump is very sensitive on end; insufficient pad; deformed nail; injured thinks finger should have been amputated further proximally.

A. B., Comptometer Operator and Typist, 1 yr., 10 mo.—Loss of index finger thru dist. phal., minor. Tip gets blue and pains severely clear up to forearm in cold weather. Very tender on end account of insufficient pad. Injured cannot use finger at work.

F. C. H., Blacksmith, 1 yr., 10 mo.—Loss of thumb at dist. jt., major. Limited movement; volar scar; insufficient pad; a new operation needed to shorten bone.

H. W., Hardware Clerk, 1 yr.—Loss of mid. f. thru mid. phal., index f. at dist. jt., minor. Imperfect nail on index finger. Very troublesome. Adherent scar and insufficient pad at end of middle finger causing pain on flexion so that grip is impaired. Dynamometer—right, 62 kilos; left, 39 kilos.

T. E., Cannery Laborer, 10 mo.—Loss of index and mid. f. at dist. jt., little f. at mid jt., all major. All ends sensitive; bone exposed on index finger; sensitive nerves in scars of little and ring fingers.

A. H., Blacksmith, 10 mo.—Loss of little f. at dist. jt., major. Terminal scar which won't "callous over"; sensitive if struck; piece of nail bothers him.

It would appear to be an ideal plan to refrain from shortening back the finger or doing other operative work until it can be determined just how much is going to be absolutely necessary. The difficulty with this is, that the original convalescence is thereby usually much prolonged, a serious

matter to a laboring man with dependents, and unnecessary suffering, often severe, is caused.

More important, however, as is shown by many of the above cases, is the fact that if a surgeon lets the finger heal to see just what may be needed in the way of further work, the chances are that he will never have an opportunity to do anything more. The average laborer is very reluctant to place himself again under the attention of a surgeon. Although he suffers severely from a defect and would like to have it corrected, there is a certain inertia preventing his having the work done and he often feels that "maybe the doctor will just make it worse." Furthermore, the time of his second operation will constitute a further drain on his finances.

It appears that later operative work is not exceptionally successful, particularly in reference to nails. Some cases have had several operations to remove the matrix, the final result being unsuccessful.

In treating the injured finger of a workman, the essential point to be borne in mind is that he should be given the most useful hand possible. For some classes of people the possession of an apparently intact hand is a great asset, but the presence on a laborer's hand of a stiff finger that is only in his way or a good long stump that is so sore on the end that he cannot use it, indicates that the surgeon has not done his full duty.

Special attention should be given to the occupation of the injured man. We should adapt the final result to the work in which he intends to engage as soon as he has recovered. Many cases in which remediable defects seriously hindered work at some skilled trade were noted. E. g., the extreme importance of a properly functioning thumb and index finger on the minor hand of a carpenter is indicated by cases. J. C., Group I, 2nd case; N. H., Group II, 5th case; J. M., Group III, 4th case; R. R., Group V, 3rd case; S. A. W., Group VI, 5th case; N. T., Group VIII, 3rd case.

Though somewhat in the nature of a digression, I wish to speak of a fact which is incorrectly stated in many texts. Following amputation of a finger at the middle joint, or through the proximal phalanx, it seems to be expected that great limitation of movement of the stump will occur because of the attachment of the long flexors and extensor only to the middle and distal phalanges. In scarcely a single case of such amputations have I found a serious limitation of movement, and in most cases the full range seemed to be present with good strength. The power usually present would seem to be greater than could be accounted for by the function of the small muscles of the hand and I believe that the function of the larger muscles is, as a rule, preserved. In many cases of traumatic amputation it seems unlikely that the surgeon has been able to secure the ends of the retracted tendons and secure to the terminal end of the stump, and in some cases I know that this has not been done. Yet good function has been secured. It is, therefore, my opinion that the long muscles retain working attachment to the proximal phalanx either through normal anatomical structures, the dense fibrous tissue on the dorsum with which the extensor tendon is closely incorporated, the vincula tendinum on the voluar surface, or by firm cicatricial tissue developed as result of the trauma. Doubtless a combination of these two factors is the true picture.

It may be worth while also to emphasize the fact that while the fibrous expansions and attachments of the tendons of the common extensors are such as to make extensive retraction exceedingly unlikely, the common flexors are entirely free to retract as far as the attachments of their synovial sheaths and lumbricals will permit in case of amputations through the proximal phalanx. The extensor tendons are so firmly united to the capsules of the metatarsal phalangeal joints and to the phalanges themselves that any but a very slight retraction would seem to be impossible, hence even if the cut ends would not gain secondary attach ments they undoubtedly would have a powerful extensor effect. Since the tendons of the flexors are not so related any adhesions could make them active upon such amputated stumps. An investigation is now being carried forward to determine if possible whether the movements of flexion in such stumps are anywhere near as powerful as extension. If not, such flexor movements as they have made possible will be due solely to the lumbricals reinforced slightly by the interossei in all and specially in case of the second, fourth and fifth fingers. Since the middle finger has no palmar interossei its stump could, of course, not be flexed at all if that flexion depended upon the palmar interossei. The same thing holds true for the fifth finger in the movements of extension, if this movement also depended solely upon the interossei as we have intimated. It is not exactly certain to just what extent activity of the interossei shows itself in abduction or aduction of the stumps in extension and flexion. This point will also be the subject for another investigation.

It is possible that the proximal portion of the middle phalanx has been preserved many times when it had much better come off, but the surgeon did not want to leave an immobile stump. Also the choice of amputation site may have been at the proximal end of the proximal phalanx rather than through its middle or at the distal end, in order to avoid a stump, which, immobile, would be a nuisance. Either of these procedures is unnecessary and impairs the usefulness of injured's hand. These stumps are never immobile unless some additional factors come into play.

CONCLUSIONS:

(1) The frequency of finger injuries renders this possibly the most important subject in industrial accident surgery.

(2) To avoid an over-sensitive stump a good pad of soft tissue should overlie the bond end.

(3) The position of the scar is less important than the question whether it is adherent to the bone (associated with insufficient pad), or has a nerve end caught in it.

(4) Wherever possible, severed nerves should be shortened to avoid inclusion of the end in the cicatrix.

(5) The possibility of a troublesome deformed nail should be considered where the damage to the soft parts extends as far proximally as the distal joint, and a defective nail may still appear in case of amputation thru the middle phalanx, depending on the size of the dorsal flap. Such nails are a nuisance and should be avoided by removal of the entire matrix.

(6) A finger "rebuilt" after severe damage is more than likely to be a nuisance to a laborer. Assurance must be had of blood and nerve supply sufficient to maintain normal vitality. Otherwise amputation is preferable.

(7) Dependent somewhat on the nature of the occupation, a stiff finger is usually of no utility and impairs the function of the hand. If the adjacent finger is also injured severely, it is more often advisable to save a severely damaged finger.

(8) Amputation flaps should be neatly constructed and the bone end carefully inspected for irregularities or loose fragments.

(9) It is usually better to do all operative work at once rather than wait for later developments.

(10) The surgeon should remember that a laborer's hand is going to be used to work with, and he should, when possible, adapt the result to the occupation of the injured.

(11) Stumps of fingers amputated at the middle joint or through the proximal phalanx are mobile, and good function is the rule.

It is a serious matter to accuse surgeons of disregard for the welfare of the injured person for the benefit of the insurance carrier, and such a charge is by no means on the whole justified. Many of the defects above enumerated could have been avoided without increasing the compensation paid. However, there is a definite tendency on the part of some practitioners to avoid removal of the terminal portion of a phalanx if it is in any way possible to cover it with soft parts, it being apparently a matter of secondary importance how little vitality is preserved in the scraps of tissue or how thin the terminal pad. This is, in fact, the honest teaching of many surgeons, but in some instances the perpetrators of such work have spoken to me of such cases with pride—because they had thereby *just* been able to prevent the patient from getting the next higher rating.

I make no reservation when I state that the matter of prospective compensation should be dismissed utterly from one's mind in handling a case of industrial injury. Any other attitude must inevitably work to the disadvantage of the injured workman, the one whose interest the attending surgeon is, by the standards of his profession, bound to consider all-important.

The work in this paper has been done by G. F. Helsley, Senior Medical Student, Stanford University, and Mr. C. B. Hensley, Statistician for the Industrial Accident Commission.

THE PROBLEM OF THE WOMAN VENEREAL DISEASE CARRIER.*

By ETHEL M. WATTERS, M. D., San Francisco.

When the Federal authorities chose to recognize the danger to the troops presented by the presence of women venereal disease carriers in the vicinities of the army camps, a great step in the fight against these diseases had been taken. In discussing the problem of the woman infected by syphilis or gonorrhoea, the fact that both men and women are carriers, should not be ignored; however, the women are the more conspicuous individuals, often passing their lives in response to the demand for illicit sex relations, and they can usually be apprehended readily enough. They form a social group, for which society has but little consideration, whereas their patrons, on whose bounty they subsist, frequently are able by the strength of their social and economic positions to avoid entirely most of the unpleasant consequences of vicious acts. Punishment or care for the women alone, has never and will never solve the problem, of eradicating venereal disease. Moreover, from the standpoint of public health, one of the most significant aspects is the association of prostitution with venereal diseases and the dissemination of the infection outside of the circle of the original offender. The prostitute simply satisfies a demand, and so far as information can be obtained the supply, even now, does not exceed the demand. This means but one thing, that if prostitution and its associated diseases are ever to disappear, education alone will bring this about. The single standard of morals in sex matters, only a few years ago, was laughed at as impossible and even undesirable. The whole world knows differently now. As with most great and lasting things, full understanding is necessary for a change in attitude. An old argument on the part of the prostitute in her own behalf and one which is even now advanced occasionally, has been that the prostitute saves the other woman by a voluntary entrance into a life of vice, simply assuming that illicit sex relations must be taken as a matter of course. Experience with the great body of men enlisted by the Government, has rendered this defense a vain one.

Inasmuch as sex immorality was known to be the greatest factor in the exposure to venereal disease it was at once judged essential to keep the soldier away from the prostitute. As a result of the desire on the part of the Government to free localities from camp followers, who would be a menace to the health and efficiency of the men, special efforts were made during the war to apprehend and examine all suspicious women in the vicinity of the camps. With this work the state and local officials cooperated. Records of women so arrested and examined are now available for the year 1918. Throughout the State of California, 3066 women were held for examination and of these, 1969 or 64% were

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found to be infected with syphilis or gonorrhoea or both.

Women venereal disease carriers are of several types, socially and in every other way. First, there is the innocent woman or girl, who acquires an infection and who at once becomes a source of danger. Innocent though her share of the difficulty may be, she may readily infect a sister or any other member of her household unwittingly. To be sure, this type presents a comparatively insignificant problem, and is only mentioned to bring out the fact that all venereal disease is not invariably an evidence of guilt, and again that venereal disease is always, no matter where it is found, a source of danger in the community.

Probably the most important group in the matter of the transmission of disease is that of the commercial prostitute. The woman of this type depends in part or entirely on the profits of a life of vice for her livelihood. She may be an inmate of a house of ill fame, or she may keep an apartment of her own to which visitors regularly come; but the commercial aspect is the important one for her. These women may take good care of their health but sooner or later it is the rule that a venereal disease is contracted. The commercial prostitute may be a woman of taste and refinement with high intellectual abilities along many lines, but whatever may have been her possibilities earlier in life, when she has once become a finished prostitute she apparently can no longer understand the moral arguments against a life of her kind, though she resents bitterly the social discrimination against her. However, she herself is inconsistent in this respect, for when it comes to judgment of her less prosperous and successful sisters, no one could possibly be more harsh and unsympathetic toward them in their wretched state than she is.

Another type, and an important one, is made up of irresponsible individuals, young inexperienced girls and feeble-minded girls and women. Many of these, coming from vicious and depraved homes, have acquired a sickening knowledge of vice in all of its forms from their earliest days. To them sex immorality is taken quite as a matter of course and as one girl put it, "I don't see what there is to make such a fuss about, anyway." With many of these girls the commercial element plays a very small part or none at all.

On the part of the feeble-minded woman there can, of course, be no real understanding of the social argument against immorality and every feeble-minded woman, unsupervised in a community is a potential carrier of venereal disease so long as there is any demand for anything she can offer. This fact is in itself proof of the contention that society and the individual would each benefit if every feeble-minded woman were properly segregated either within an institution or in any other way in which adequate protection could be afforded.

In all studies of the prostitutes who have been detained in hospitals or elsewhere for treatment a considerable proportion has been found to be made up of feeble-minded individuals, absolutely incapable of conducting their own affairs under ordinary conditions. Many others are exceedingly dull or borderline individuals, who need special care and training to fit themselves to earn any sort of a decent livelihood. Few of these women admit that they are infected and many seem honestly to believe that society has been conspiring against them in taking from them their only occupation and in forcing them to submit to treatment under jail conditions.

One cottage at the Sonoma State Home is now being filled with feeble-minded, delinquent women, most of whom have had to be treated for venereal disease before being sent to the institution. Because the facilities have always been inadequate to care for more than a limited number, there are many of these individuals, needing constant life-long care, who are at large in various communities where their menace to public health is unsuspected. More institutional care must be provided for these women in order that the public may be protected against them and their progeny.

One characteristic common to most prostitutes is a disinclination for exertion, either mental or physical. They acquire early in their careers habits of idleness and luxury which unfit them to earn their incomes in ordinary decent ways, and when confronted with the necessity of changing their mode of living they are completely at a loss, saying frankly that their earning power is not great enough to provide them bread alone. This phase of character is so common that local police officials, when confronted by women who have been apprehended again and again for the same offenses, have reiterated that if there were only a place to which these women might be sentenced, for educational purposes, the problem would be simplified. The measure now before the Legislature which provides for a State Industrial Farm for delinquent women aims to fill this need.

The nomadic lives led by prostitutes make an interesting study. Since the number of social workers has been increased throughout the State there have been numerous opportunities of tracing the comings and goings of these wanderers, especially those who are held in detention for the treatment of the infectious stages of venereal disease, and who report only sporadically for further treatment. In an effort to have these women continue treatment until cured, health officers and social service workers have cooperated successfully. Recently the number of patients known to have begun treatment in one town and known to have moved to another place, neglecting to care for themselves physically, has increased. It is gratifying to be able to relate that owing to the kindly efforts of the social service workers, many of these patients have been found and have been induced to continue treatment voluntarily. However, no amount of explanation or persuasion can accomplish results with the anti-social individuals who have been infected so long that they firmly believe their condition to be quite normal and for them forcible detention is necessary if they are to be rendered even temporarily non-infectious.

The question may well be asked, what is the use of spending money and energy in treating these women and releasing them to be re-infected in a few weeks. This is another argument for prolonged detention and training for these individuals inasmuch as the regenerative influence of a few weeks' stay in a hospital can scarce be expected to counteract the effect of years of idleness and self-indulgence.

Perhaps as satisfactory a way of presenting a picture of the prostitute type will be to give some of the more interesting stories in detail.

J. M. G.—This woman is fairly typical of the feeble-minded individual, who becomes a prostitute by force of circumstances, rather than from any special inclination on her own part. She was first met with six years ago, in the maternity ward of a hospital, where she had gone to await the birth of her illegitimate child. It was obvious to those with whom she came in contact that her intelligence was of a low order and a mental examination was made. Julia was then thirty-three years of age and she told the following story of her early life and experiences:

When about seven or eight years old, she had been placed by her mother in a local orphanage. The father was dead and the mother irresponsible and decidedly lacking in interest in her children. The mother was also habitually alcoholic. Julia attended school in the institution and managed to get into the fourth grade by the time she was fifteen years old. She was then placed out in a family where she received a small wage in addition to her board and room in return for such services as she could render about the house. She was unsophisticated and no one was much interested in her pleasures and in a year from the time she left the orphanage she gave birth to an illegitimate child. As she herself explained, she did not realize that this could happen because no one had ever explained the possibility to her. The child was peculiar, had cleft palate and hare lip and died shortly after birth. Julia had learned her lesson and presently found another position in a family. She was then sixteen years old and for the next sixteen years she worked steadily, even managing to save a little money. Presently a man came upon the scene and paid her much attention. She thought he intended to marry her but when she became pregnant, he would no longer have anything to do with her. At the same time she lost her position and soon all her small savings were used up in paying for her living expenses. It was at this time that she was examined in the hospital. Her mental capacity was low, approximately that of a nine-year-old child, and her practical ability and judgment were very inferior. She could not make simple change and in every way showed her marked mental inferiority. It was impossible to secure her admission to the home for the feeble-minded at this time and other plans had to be made. She said that she did not wish to marry the father of her child and only wanted a place where she could support herself and her baby. Arrangements were made to place her with an association which agreed to find work for her, but the child's father appeared on the scene and a marriage was arranged. The father was a drunkard and never provided for his wife and child but by this time Julia had gotten to the point where she was no longer ambitious to earn her own living and preferred to live with him under the worst possible conditions, rather than to work. In the meantime she had contracted syphilis from her husband and when a year later her third child was born, both she and the child were in bad physical condition. Still she was unwilling to be sterilized, but said that she would not keep any more of her babies, but would adopt them out before she got to be fond of them. In another year her fourth child was born, also syphilitic, and when this baby was only a few days old, the drunken father seized it roughly and the child's death resulted. The next or fifth child was still-born and by this time the conditions in this household were so bad that the children were taken from the parents because of gross neglect. Both the living children are feeble-minded and are only waiting till room can be made for them in the Home for the Feeble-Minded. Within the last six months the drunken husband has been committed to jail, and the woman, lonely and destitute, entirely out of the habit of working, has become a common prostitute, soliciting in the streets. A few weeks ago, she was examined for venereal disease and found to be infected with an acute gonorrhoea. She naively explained that she was afraid she was pregnant again and felt that her husband would not be very pleasant about it when he was released from jail. This is the sordid story of one feeble-minded woman, left unsupervised in the community. There is nothing to show for her life except two imbecile children who are being supported by the county and her whole existence has been one series of wretched experiences after another. Surely it should not be necessary to argue the need of permanent care for such an individual as this and if Julia had been placed in the proper institution when a young girl, both she and the community would have been spared much.

V. L.—This woman was thirty years old when arrested for keeping a house of ill fame. She was born in Paris. Her mother and most of the other women in the family were frankly prostitutes, regarding this as a legitimate profession of which no one need be really ashamed. Her own attitude toward prostitution is readily shown by the remark made to a woman physician with whom she was talking, "Your business is a good one, I guess, better than mine is now. Mine is too bad now." She is attractive and intelligent with a keen, shrewd business sense, and it was rumored that at the time of her arrest she had a bank account of $60,000. She had come to America, following a twin sister who had left prostitution and had married a musician who came on a tour to America. Valentine, herself, had married early in life, but had been a prostitute before her marriage and continued this life. Her little son a lad of ten years, is being educated in a good school in Paris. This type of woman is literally born into her business. For her it is a legitimate and profitable life and the unpleasant side she accepts as a part of the necessary evil associated with making one's way in the world. The arrest was a disgrace and she could not at all understand how her conduct had in any way warranted the publicity which she was receiving. Her attitude was naive and while she granted that prostitution was a "bad business," it was simply because it was attended with too much notoriety.

K. F.—This woman is now twenty-two years old and is at present in jail because of having made a serious disturbance in the hospital where she was held for treatment. This girl has been known to the courts for the past seven years. At fifteen years she was first brought into the Juvenile Court and investigation of her life showed her to be promiscuously immoral, associating with negroes and orientals and any others who chanced to come her way. Kate was a very pretty girl with good intelligence and a realization at times, at any rate, that she was missing much that was good in life. She was placed on probation again and again and every effort was made in a friendly way to help her to make a pleasant

place for herself. But after a short time of effort to lead a decent life, there would be an entire breaking away from all restraint and presently the girl would be located, usually in the most vicious neighborhood which could be found. From her youth Kate could never be regarded as a passive victim. Always she was the aggressor and she repeatedly admitted that her sex appetite was absolutely beyond her control, that she realized that she was making misery for herself, but that she could not help it. Finally after a comparatively long period of decent living she married a young naval officer and those interested in her hoped that her troubles were at an end. Ordinary home life failed to satisfy her, however, and presently she left her husband and in a few months' time was arrested in a raid on a disreputable house. There seems to be little to hope for with this girl. Her personal attractiveness and mental ability are high, but her sudden outbursts of sex feeling seem definitely allied to such conditions as dipso-mania and because of them she is likely to go down through her life as a wretched creature, seeing what she is and what she has missed, but powerless to change matters.

The M. Family.—This family has for many years been known to most of the social and reformatory agencies working near San Francisco. Three generations are at present being supported almost entirely by the public and all have been or will be complete social failures. The grandmother is an epileptic, defective individual now in the State Home for the Feeble-Minded. This woman always had very questionable morals and her children were brought up in an atmosphere of neglect and viciousness which resulted in immorality on the part of the daughters as soon as they were old enough to go about. The oldest of these daughters married at about nineteen years and both she and her husband were known to have syphilis. They have three children, all syphilitic, and so badly did they neglect these unfortunate little ones that the Society for the Prevention of Cruelty to Children brought the matter to the attention of the court and the children were placed in homes at the expense of the community. The second daughter, a feeble-minded girl, became a prostitute at about fifteen years of age and after several years of probation and a stay in a girls' reformatory was finally sent to the Home for the Feeble-Minded where she now is. The third child, a lad of 17 years, is an epileptic imbecile with signs of congenital syphilis and the youngest child, a girl of twelve years, is also feeble-minded with severe and typical signs of congenital syphilis and a triple-plus Wassermann reaction. If the grandmother, when a girl had been recognized as a feeble-minded individual and placed in the institution in which she now is, the community would have been saved many thousands of dollars hich it is now spending in the care of her defective and undesirable off-spring.

THE TREATMENT OF GONORRHEA AND SYPHILIS IN WOMEN.*

By WILLIAM E. STEVENS and MAURICE HEPPNER
San Francisco

In a recent appeal addressed to the physicians of the country for co-operation in the fight against venereal diseases the Surgeon-General of the United States Public Health Service states that there is danger of an alarming spread of these infections during the reconstruction period. He calls attention to the fact that many physicians are careless in their methods of treatment and consequently responsible in a measure for the continued existence and dissemination of these conditions. This criticism applies with particular force to the conduct of these cases in women for, notwithstanding the very disastrous and at times fatal consequences of Neisserian infection in this sex, as well as the greater danger to the public at large, there is probably no other pathological condition of the female genito-urinary tract which is more often neglected. That this is not entirely the fault of the medical man, however, must be admitted, for ignorance on the part of these patients as to the presence of infection and the indifference and carelessness in the observance of the physician's instructions characteristic of both sexes, contribute in a large measure to the prevalence of both gonorrhoea and syphilis. In view of the expected increase associated with demobilization it seems opportune at this time to consider the question of treatment. As the majority of these infections are first seen by the general practitioner it is upon him that we must depend for their early eradication thereby eliminating the foci responsible for the general dissemination of these diseases.

This paper is based upon the treatment in a ward in the San Francisco Hospital, provided for that purpose by the San Francisco Board of Health, of two hundred and forty women suffering from gonorrhœa and one hundred and forty-two infected with syphilis in addition to a large number of cases treated in clinic and private practice. As those patients confined in the hospital were under restraint an unusual opportunity of observing the effects of treatment was afforded us.

We wish to present for your consideration procedures which in our experience have been found most efficacious hoping that the discussion will bring out additional suggestions of interest and value.

Urethritis.—Acute urethritis is best treated by rest, diet, a large amount of water internally, a good suality of sandalwood oil and the injection of a one to one thousand solution of acriflavine. The latter dye was recently introduced in England for the treatment of infected wounds and is most efficacious in gonorrhœa of both the male and female urethra. A number of patients have been cured after five or six injections and its therapeutic value far exceeds that of argyrol, protargol and other silver preparations which are now in vogue.

In chronic urethritis we have obtained the best results with instillations of one to three per cent. solutions of silver nitrate and, when indicated, endoscopic applications of ten per cent. solutions of the same drug. Preceding this treatment small meati and strictures, by no means uncommon in the female urethra, are dilated and involved glands destroyed.

Skenitis.—In the presence of infection of Skenes

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glands a fine probe is introduced as far as possible into the duct which is then laid open with a curved bistoury. The gland is destroyed by the application of carbolic acid, followed by alcohol and a small packing of gauze is then inserted. This is changed daily and the wound which is permitted to heal by granulation usually closes within ten days, this point of infection being then eliminated.

The glands of Bartholin like Skenes glands are favorite locations for the gonococcus. They lie partly in the anterior leaf of the triangular ligament and a portion of them is covered by the posterior portion of the bulbous vestibuli and the bulbo-cavernous muscle. The technic used in the excision if these glands is as follows:

An incision one inch in length is made along the outer margin of the labia minora extending an equal distance above and below the posterior commissure. With a blunt pair of curved Mayo scissors the fascia between the lateral wall of the vagina and the sphincter vaginae muscle is separated and the gland which is easily recognized by its smooth glistening capsule is then pulled into view with an Alice clamp. The upper end of the incision should be avoided during the dissection because of the proximity of the bulbous vestibuli puncture of which results in considerable bleeding. The outer side of the gland is first freed and the duct when reached is ligated close to the vaginal wall. Although as a rule there is very little bleeding, it is advisable to tie all vessels. The wound is closed from the bottom up with plain catgut, no drainage being used. Incision of the vaginal wall eliminates all chance of the wound healing by primary intention. Regardless of this accident the number of wounds in this locality healing by first intention is obviously small. This result was achieved in but eighteen, or thirty-four and six-tenths per cent. of our series of fifty-two operations.

It is interesting to note that in twenty-nine of these cases smears of the discharge which were negative for gonococci before operation became positive in the secretion from the wound for several days thereafter.

Cervix.—Endocervicitis is always treated by cauterization as this is the only method we have found to be of definite value.

Infection higher up must receive proper attention before permanent results will be obtained. It has been our experience that injections and local applications are of little or no value in involvement of glandular structures. Radical treatment, in other words destruction or removal of the glands, is essential to recovery.

The records of thirty-three of the cases in this series are seen on the accompanying chart. Features of interest are the absence of frequency or other urinary symptoms supposed to be associated with the majority of cases of urethritis in women, and the common occurrence of salpingitis as a complication.

Seventy-six of our patients were cured, twelve per cent. doubtful and twelve per cent, uncured.

Syphilis.

We consider a combined fairly intensive method of treatment most efficacious in syphilis and this procedure was followed in the present series of cases.

Arsphenamine is administered intravenously at intervals of one week together with either inunctions of mercury ointment, weekly intramuscular injections of mercury salicylate with quinine and urca hydrocholoride or intravenous injections of mercury bicholoride. Potassium iodide si given in graduated doses by mouth.

A ten to twenty c. c. Luer syringe is superior to any gravity apparatus for the administration of arsphenamine. With this method a smaller needle may be used which in addition to being less painful permits of the utilization of smaller veins and prevents in a measure too rapid injection. Of still greater importance, however, is the fact that the number of reactions following the use of a smaller quantity of water is decidedly less. Although convinced of this fact we determined to prove it by actual comparison. Six decigrams of arsphenamine were dissolved in fifty c. c. of freshly distilled sterile water which had been boiled a short time previously, and injected into the veins of eight patients . Reactions occurred in three cases, or thirty-seven and one-half per cent. After ten subsequent injections containing the same amount of arsphenamine similarly prepared in ten c. c. of water no reaction followed.

The question as to the proper interval between arsphenamine injections is one over which much discussion has arisen and opinions vary from one day to six months. Hazen of Washington claims that in nineteen patients with a positive Wassermann a negative was obtained in every case except one following three injections of 0.4 of arsphenamine per one hundred and fifty pounds of body weight at seventy-two hours intervals. In order to verify this interesting result 0.6 of arsphenamine were administered to five positive cases in this manner. A negative Wassermann resulted in but one instance and this patient's blood gave a one plus Gradwohl.

We are in the habit a using a sharp twenty-one gauge needle one and one-quarter inches long. This is inserted with the bevel upward and the back flow of blood into the syringe indicates that the vein has been entered. The needle is then pressed a little further into the lumen in order to make certain that the entire opening of the needle is in the vessel thus avoiding the possibility of injecting a portion of the solution into the wall of the latter or into the surrounding tissues, accidents which not infrequently occur if this precaution is not taken.

The water in which the arsphenamine is dissolved is distilled on the day of administration and also boiled for a period of fifteen minutes. Close adherence to this detail results in a marked diminution in the number of reactions.

Following the addition of the arsphenamine the mixture is heated in an Erlenmeyer flash or mortar over a water-bath, solution being expedited by shaking the flask vigorously or if the

mortar is used by stirring with the pestle. The solution is always filtered through sterile cotton. Before injecting a little blood is drawn into the syringe. This renders the solution less irritating and moreover is first injected if the needle is not entirely within the lumen of the vein. Precaution is taken to inject slowly, thus avoiding distention of the vessel which is a frequent source of pain. Before removing the needle a little blood is again drawn into the syringe in order to reassure the operator as to the position of the needle and to prevent the escape of any solution which might remain in the same. During injection the patient is questioned as to the presence of pain or burning. The former is caused by stretching of the vein from too rapid injection, and the latter follows the escape of some of the fluid into the surrounding tissues or wall of the vein. In the latter event the needle is withdrawn and a new site selected. The discomfort following these accidents is relieved by hot magnesium sulphate compresses and occasionally by the application of a splint to the arm.

Suppuration which seldom follows occurred but once in over one thousand injections.

Phlebitis is due to introduction of the solution beneath the endothelium of the vein. If its concentration were the causative factor this complication would occur much more frequently following the utilization of small vessels which is frequently necessary especially in women. We have at times been obliged to use veins the lumen of which was but little larger than the caliber of the needle. It should be unnecessary to cut down upon them.

As will be seen by chart two we have had comparatively few reactions and these were as a rule mild.

Mercury inunctions are used at the beginning of treatment as these may be discontinued at the first evidence of an idiosyncrasy on the part of the patient, whereas it is impossible to withdraw anything that has once been injected.

Unctol, a much-advertised preparation, was used in a number of cases, as much as twenty drams being used daily for six days without symptoms of salivation. Two patients were given from forty-eight to sixty rubs with this ointment without apparent results. The same amount of a thirty-three and one-third per cent. calomel ointment was used in a similar manner without results, and these two preparations were consequently discarded.

For intramuscular injection mercury salicylate with quinine and urea hydrochloride has been found satisfactory and is less painful than other preparations. Mercury bichloride which may be administered intravenously in doses of one-twentieth to one-sixth of a grain possesses the advantage of accuracy of dosage in addition to freedom from pain and the subsequent disability which sometimes follows intramuscular administration.

About fifteen per cent. of the patients in this series were salivated. They responded well to the following treatment:

All forms of food were withdrawn except milk. A preparation containing potassium bitartrate, two grams, sucrose, two grams, lactose, eight grams, and lemon juice fifteen c. c. in two hundred and forty c. c. of water was given every four hours alternating with two hundred and forty c. c. of milk which was also given every four hours. The patient thus received two hundred and forty c. c. of fluid every two hours in addition to a Murphy drip containing potassium acetate four grams to five hundred c. c. of water. A mouth wash of potassium chlorate was used frequently.

Much as we dislike to admit the fact we are forced to the conclusion that the American, English and French substitutes are less efficacious than the old salvarsan. Even under the combined intensive treatment many of our patients with a three plus Wassermann remain positive after twelve injections.

The greater our experience in the treatment of gonorrhoea and syphilis becomes the more we appreciate the necessity for persistent and prolonged therapy and the too prevalent custom of advising patients that recovery will result from a limited or specified number of injections is to be deprecated.

Unfortunately many discontinue treatment uncured thus continuing as prolific sources for the dissemination of these diseases. This dereliction is not confined to any one class for many of our private patients seemingly above the average in intelligence are guilty of similar negligence.

Many cases require hospital attention and it is to be hoped that the existing prejudice of these institutions against the admission of patients suffering from venereal diseases will in time be overcome.

THE OBSTETRICAL SITUATION IN FRANCE TODAY.*

By TITIAN COFFEY, M. D., Los Angeles, Cal.

The obstetrical situation in France today is one that is causing grave concern to those most interested in the rehabilitation of this devastated country. Politicians, social workers, the medical profession, the church, all realize that something must be done on a grand scale to replace the depleted vigor of the nation and to make up for the losses sustained in the past four years of this horrible war, to raise the fast falling birth rate, to decrease the frightful infant mortality, to overcome tuberculosis and venereal disease, to put a stop to abortion, to regulate prostitution. The problem is so vast and involves so many complicated side issues that one feels almost lost in attempting to grapple with it. Since the war of 1870 the birth rate of France has gradually decreased, so much so that the average birth rate of civilized nations being 31.3 per cent., in 1913 the French birth rate was 18.8 per cent. per 1,000 inhabitants, 40 per cent. below the average, and this even before the nation entered the great war.

A study of the statistics of the decade 1903 to 1913 shows a steadily decreasing birth rate for the

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city of Paris alone. Reports for 1903, showing the number of births to be 63,968, gradually decreasing, until in 1913 the number was 53,312. From then on for the next three years, on account of the war, the rate dropped 50 per cent., so the number of births in 1916 was just one-half that of 1913, or a total of 26,179.

What are the factors concerned in this remarkable situation and how may we account for the position in which France finds herself today? The low birth rate of France cannot rest upon economic factors alone, although this to my mind has an important bearing, but is made up of a number of complicated though recognizable problems, the whole being an intricate maze.

No. 1. The Marriage System.

To our way of thinking, it is a mistake to put marriage on a purely financial basis. The French are a remarkable people; love of country is the paramount idea based upon family life and ties. The love of family is highly developed, and when a man and woman enter upon matrimony it is in the form of a sort of partnership. The American idea is that marriage should be based upon a prime human affection; not so the French—this is supposed to be developed after marriage and the conjugal union, generally full of cordial feeling, reaches its intensity of prime affection by concentration on the relation of parents and children. The father is the head of the family or clan and not only controls the property, but directs its relations with other families, the mother having complete domestic authority. The youth of the nation are differently raised than ours, the girls especially having little or no social freedom until after marriage, hence the tendency to marry young and the fear of being "an old maid" if unmarried by twenty-five. Our idea of love enters practically not at all into the negotiations between families; that is supposed to come later, the young people may or may not have seen one another several times before marriage; it is all arranged for by the parents of the contracting parties.

The purpose of the dot or dowry is because the young people are starting a partnership for the purpose of founding a family. One would naturally suppose this means innumerable children; not at all, the element of finance works just the opposite way, for with each additional daughter a dot must be provided and this involves additional financial burden on the family as a whole.

Naturally and essentially frugal, the French idea is to save so that something may be laid by for old age and the daughters properly started in life. A large family prevents this, hence the usual limitation of two, occasionally three children. It is a rare thing to see a large family throughout France, except in the northern provinces about Calais, among the factory workers, where many of our refugees had eight to ten children. It is a well known fact that many authorities place the blame upon voluntary sterility, to avoid pecuniary charge of an infant. A committee appointed a number of years ago to investigate the decreased birth rate gave as one of the causes the following:

"The cause of the low birth rate in France is not due to physiological incompetence, but to voluntary restriction of natural fecundation, either to reduce the expense of maintaining a family, or in response to egoistic and material considerations."

No. 2. Abortion.

Increasing criminal abortions have developed a serious social and medical problem that is causing great alarm and confronts France today. Abortions have been steadily increasing for the past twenty years, it being estimated from Paris hospital statistics that the number has trebled in the eight years preceding the last war. The actual number at present is, of course, unknown, but in 1917 Bertheleny stated there were 50,000 abortions annually in the Department of the Seine. The birth rate of France in 1912 was 742,435 and competent authorities state there are about 500,000 abortions annually. When we realize these appalling figures nearly equal the birth rate, we see what a problem France is facing in this alone. A large percentage of pregnancies brought to full term and carefully raised through infancy would make an appreciable increase in the population in a few short years. This great loss of protential life makes the death rate from tuberculosis in France, about 2.25 per cent. per thousand, seem unimportant by comparison. In Paris alone in 1912 the still born numbered 4,220 and in 1913 the deaths from all causes during the first year of life was 4,842, so the number of still born is about equal to the total mortality for the first year of life. In 1912 there were 742,435 births and 34,695 still births, or about 1.22 per cent. There were 78,363 deaths of infants under one year of age during this year and 19,265 died during the first fourteen days. As deaths in this period are usually caused by some condition existing prior to or developing soon after delivery and may be unavoidable, essentially prenatal or obstetric deaths, if considered together, it gives us a total of 53,960 deaths to compare with a total first year mortality of 113,058, or 47.7 per cent., as still born or dying in the first two weeks of life.

No. 3. Venereal Disease.

Here is another important factor bearing upon the lowering birth rate and having its relation to abortions. Venereal diseases have, of course, increased during the war. Syphilis particularly is recognized by French physicians as a menace to the army and civilian population. Thibierge states that syphillis represents 16 per cent of venereal diseases and estimates between five and six thousand new cases developed monthly in the army and places the approximate total number of new cases from 1914 to 1917 at 200,000. Statistical study shows that 66 per cent of infant mortality during the early weeks of life is attributed to syphilis and only 28 per cent. of women with syphilis give birth to viable children. Thibierge points out that as syphilis in men becomes a cause of sterility for at least four years, and sometimes longer, this great increase in the disease will have a marked effect on the birth rate for a long time to come. He goes on to say as syphilitic soldiers are men of marrying age and some have recently married, arguing from his estimate of 200,000 new cases up to 1917,

each of these men will deprive France of one soldier and one mother in the decade 1935 to 1945. Two hundred thousand cases of syphilis mean 400,000 fewer births in France during the next ten years. There is no question but what the venereal problem equals, if it does not surpass, the tuberculosis problem.

No. 4. The Sage-Femme.

In rural districts 95 per cent of obstetrical cases are conducted by the Sage-Femme. There is an over abundance in numbers, and wages are low, and Bar of Paris estimates their earnings at one and one-half francs a day. They have, therefore, taken to committing abortions to eke out a living. There are about 12,500 Sage-Femmes in France and most of the cases in the cities are entrusted to them. They are trained by a university professor in the hospitals and given a course of two sessions of nine months each. The requisite for admission to the courses are a certificate of completed work in the secondary schools or an examination in arithmetic, geography, history and elementary science.

She conducts cases at the hospitals, at the patient's home, at private institutions, "Maison de l'Accouchement," under supervision of the hospitals, or at public institutions receiving financial aid from the department of charities, "Chez les Sage-Femme des Bureaux de Bienfaisance."

In the "Maison de l'Accouchement" conducted by midwives only normal cases are cared for, abnormal ones being sent to the public hospitals.

Many cases are cared for in the public maternity hospitals, especially uncomplicated ones, the Sage-Femme doing the nursing as well. Complicated cases are cared for by the Medcin Chef or Chief of Service, his associates or assistants.

The Sage-Femmes are only allowed to handle normal cases and may do a breech extraction or a version, but are not allowed to apply forceps.

No. 5. War Work.

Work in munitions factories was at first supposed to be one of the prime factors in the increase of abortion and still birth after the war started, but following a careful survey of the situation, the concensus of opinion was that only a relatively small proportion could be accounted for in this way and that probably the increase of syphilis was the most important underlying cause. The government adopted a set of resolutions introduced by the Academy of Medicine for the care and protection of pregnant munitions workers embracing forms of employment, hours of rest, medical consultation, good hygenic surroundings, opportunities to nurse their babies, to change employment, reduce or stop work when necessary and still receive compensation, restaurant facilities, together with nursing facilities. The government also arranges to give an allocation or financial support beginning four weeks before confinement and continuing four weeks after confinement, of a franc and a half a day.

There is undoubtedly a connection between the industrial employment of women and the relative scarcity of infants throughout France and was probably one of the contributing factors to the rapidly lowering birth rate the ten years preceding the great war. Factory work undoubtedly favors the development of diseases like tuberculosis, which often means sterility in women, discourages marriage, favors immorality and thus spreads venereal disease and leads to the crime of abortion. During the years of the war absence of men at the front, great mental and physical strain, privations, poverty, lack of proper food, exposure, increasing disease of all kinds, flu, all these have their special bearing and ramifications, and must be taken into consideration when analyzing the remarkable and appalling diminishing birth rate of the past three years and accounts to a certain degree for the lack of pregnancies.

Very little is being done today in France, according to our idea in regard to prenatal care or the care of the baby and mother after confinement. The medical attention consists of the ordinary examination and advice given by the obstetrician at the "consultation" with only a cursory physical examination and routine urinalysis. Should the case present any abnormality, it is sent to the hospital for observation. Social relief work consists in referring needy cases to the Mairie or l'Assistance Publique a Paris. If especially needy, a widow, or unmarried, she may be admitted to the hospital, but usually is sent to a common institution or "Asile" for a temporary stay and then goes to a hospital for her confinement. If a woman is in financial distress, she is provided by the government with an allocation of 1 franc 50 per diem, which is paid for four weeks before confinement and for four weeks following confinement.

Prospective mothers are furnished with a pamphlet containing instruction and information regarding her condition and how to care for the baby following birth, but this is practically all that is done in an educational line and no follow up work is attempted.

No. 6. Natal Care.

This consists principally of medical attention and nursing, of the mother and the baby, during the confinement and puerperium. As mentioned above, this care is given by the Sage-Femme either at the patient's home, a home especially conducted by the Sage-Femme, or at public institutions. If the mother is too poor to pay for such service, by making application to the Mairie for assistance, she will be furnished with a Sage-Femme. As far as the actual delivery goes, the cases seem to be well cared for, but the hospital and nursing facilities are utterly inadequate for any high class work. In touring about France and visiting the various hospitals where maternity work was carried on, I was particularly struck by this great lack and medical need in the care of patients.

Institutions give free care to the very poor, and if payment is made at all by them it is usually from six to eight francs per day. The hospitals occasionally give the woman from ten to thirty francs upon leaving the institution and occasionally furnish the layette. The only educational work done is to instruct the mother a little in regard to the care of the baby.

No. 7. Postnatal Care.

Practically nothing is done for the mother and

the child except certain financial assistance. Food and clothing may be furnished if necessary. A nursing mother may receive an additional amount of food if deemed expedient. Throughout France are established Nourrison clinics beautifully equipped but do not do especially good work on account of the fact that no follow up work is done in the homes.

The system of using wet nurses and the ease with which children may be turned over to the government or church institutions seems to me particularly vicious. The various hospitals are supplied with accommodations for mothers to easily abandon their offspring. Attendants are on duty day and night in these isolated rooms and a young mother may bring her babe to the institution for abandonment up to seven months of age and no questions are asked. If the child is older, an attempt is made to get the mother to go on nursing and caring for it. The child is immediately put out to a wet nurse either in the city or country, who is paid a certain amount by the government for its care. Inspections are supposed to be made from time to time by government officials to note the progress of the infants, but as a matter of fact very little attention is paid to them. The infant mortality is high and it is difficult to make a comparison between birth and death rates, as a child born in Paris and let out to some district wet nurse, if it dies, will not be reported in Paris, but in the community in which the child last resided. The children, if they survive, are sent to the primary schools until about thirteen years of age.

The boys are then put out among the peasants to learn agriculture and the girls are put in an institution where they live a strictly institutional life, learning little or nothing of the ways of the world, and are taught practically nothing in regard to clothing themselves, the use of money, or household arts. Boys, upon completing their education, go into the army and the girls at twenty are given a dot of five hundred francs and turned loose upon the world. They are illy fitted for the great struggle and either fall by the wayside or return to the institution at which they were educated and become lost from the standpoint of future mothers for the nation.

One of the great needs of France today is a carefully planned and well carried out social service work in connection with the maternities to educate the women as to the needs and duties of motherhood, how to combat disease, how to care for themselves during pregnancy and especially the education of mothers after childbirth, and it is absolutely essential to institute follow-up work to control and observe the conditions of the infants and put a stop to the frightful ravages in the new life of France today.

No. 8. Suggestions as to Repopulation.

The authorities of France seem keenly alive to the gravity of the situation, but there is so much to be done in other lines that at present nothing very definite has been started. Last year, however, a national society was organized for the purpose of combating venereal disease, but more especially to develop and foster gymnastics, sports and athletic games such as we have in America, among the youths of France. Their literature intimated some endeavors were to be made along the lines of repopulation and care of the infant, but as far as I could gather they are expecting to concentrate upon the growing boy rather than get at the root of the matter and beginning with the parents before the child is born.

The idea of the midwife or the Sage-Femme is so thoroughly inground in the French people that no physician dreams of eliminating them. It is absolutely necessary that their standards of education should be raised for there is no question their methods constitute a grave menace on account of unskilled deliveries, septemia and abortions. Innumerable suggestions have been made by various authorities in regard to repopulation and various acts have come before the Chamber of Deputies. I quote a few:—

1. To grant the State the right to inherit uncharges in the case of families with four children.
2. To assure living accommodations for families with children.
3. To modify the tax of fathers and mothers with seven living children.
4. To provide allocations for functionaries and agents and institutions in charge of families.
5. To pension fathers and mothers of large families.
6. To encourage motherhood.
7. To sell railroad tickets at reduced rating to large families.
8. To bestow medals upon the heads of large families.
9. To facilitate the education of children in large families by obligating the State to meet such charges in the case of families with four children.
10. To provide medical faculties with sufficient funds to establish public institutions for the protection of the mother and the infants.
11. To pursue and punish abortionists.
12. To change the right of suffrage giving a plural vote to the father and to women and minor children in large families.

This gives a very brief outline of some of the means suggested for repopulating the country.

No. 9. Needs of France Today.

The great need of France today is the establishment of a governmental public health bureau having a minister in the cabinet and carrying on in every department of France an active and vigorous campaign along advanced educational lines. A very broad and comprehensive scheme was being worked out by Doctor Ramsey at Rouen and if his plan is generally adopted throughout France it will be of great value.

This embraces an up to date maternity service, full medical social service work, a campaign against veneral disease, tuberculosis, prostitution and epidemics, together with dairy inspection, food inspection, care of women workers in factories, inspection of school children, playgrounds, etc.

2. Advanced educational work along lines of prenatal, maternity and postnatal care with stress being laid upon medical follow-up work.

3. Change in the methods of handling ob-

stetrical cases, the development of training schools for nurses together with the adequate education and training of the Sage-Femme. At present many of them are a menace to the public good, others are a very high class of women.

4. Establishment of well equipped maternities throughout France which should carry on social service work in connection therewith, thus constituting centers of education.

5. A heavy concentration upon infant welfare work together with conservation of child life especially the new born and during the first few years of life.

PERFORATION IN GASTRIC AND DUODENAL ULCERS. CASE REPORTS.*

By J. H. O'CONNOR, M. D., San Francisco.

In a series of 26,000 admissions to the Southern Pacific General Hospital eight cases of perforating ulcers of the stomach and duodenum were encountered. In no case was the diagnosis made before admission. This is my reason for going rather minutely into the symptoms which lead to a correct diagnosis in these cases.

The chief symptoms in the order of their value are:

1st, Pain and tenderness.
2nd, Rigidity.
3rd, History of previous ulcer symptoms.
4th, Vomiting.

The pain is sudden and violent. It is described as "sharp, cutting, burning or stabbing." The important characteristic is that it is excruciating and unyielding. Its localization is mostly epigastric. Its quick radiation sometimes to the right iliac-fossa suggests acute appendicitis, but careful inquiry as to the early localization leads one on to the right track.

When the case is seen early, a careful and gentle palpation will lead to marked tenderness over the site of perforation.

Perforation of duodenal or gastric ulcer presents a more sudden and dramatic picture than does appendicitis. The general condition is more serious. The respirations are shallow, rapid and of the upper constal type—the patient trying to spare his abdomen as much as possible.

There is seldom fever with perforation at first, while this symptom usually accompanies appendicitis.

The second symptom of greatest value is the rigidity of the abdominal muscles. Its appearance is early and its increase always proportionate with the length of time following the onset of symptoms.

Daver says that there is no condition in the upper abdomen where rigidity is so early and marked as in perforated ulcer.

The board-like type is characteristic.

Usually a history of stomach trouble, lasting over a period of years, can be obtained in those cases; but some of the duodenal type, despite rigid cross-examination, persist in stating that previous to the sudden attack of pain they have never had any symptoms of indigestion and never have had any abdominal distress.

The inability to obtain a history of indigestion in these duodenal cases has been of great disadvantage in diagnosing the case correctly, and usually leads to a diagnosis of acute appendicitis which is later discredited by the finding of a perforated duodenal ulcer.

Gastric ulcer cases generally give histories pointing to the possibility of ulcer recently, or some time previous to the perforation.

Vomiting is not a striking feature although it occurs in most cases at some period of the attack, usually the commencement. Frequently it gives slight relief to the agony at first, but later on it only increases the pain.

So much for the diagnosis.

As regards the prognosis: The mortality bears a pretty definite relation to the time that elapses between perforation and operation.

If the diagnosis is made and the operation performed within the first few hours the danger is relatively small. The mortality will probably not be in excess of five per cent. After twelve hours the prognosis is grave.

Technique of operation: Closure of the perforation with a layer of chromic cat gut, then a layer of linen and finally a layer of iodized cat gut, in which is incorporated the gastrocolic or gastrohepatic omentum.

Wiping out of the escaped gastric or duodenal contents with moist gauze pads (these contents will be found chiefly in the right side of the abdomen and in the pelvis).

Closure of the abdomen without drainage, except where the perforation cannot be satisfactorily closed.

It is not advisable to do a gastro-enterostomy as part of the surgical procedure in acute perforating ulcers. Reports of cases, which have been closely followed, seem to show that a spontaneous cure of the ulcer follows the closure of the perforation in the majority of cases. As the Mayos have said, "A perforated ulcer is a cured ulcer."

After treatment: Fowler position. Proctoclysis three hours on and three hours off, using a four per cent. glucose and two per cent. soda bicarbonate in tap water. Nothing by mouth until peristalsis is re-established. No purgatives are given, but a cleansing enema is given on the third day after operation.

1.

Frank G. Age 62. Entered Hospital on October 25th, 1912, suffering from general peritonitis. History of chronic stomach trouble. Present attack began twenty-four hours previously, with pain in the Epigastrium, which gradually extended to lower abdomen. Did not vomit. Was extremely cyanotic. Pulse 160, weak and thready. Died afternoon of admission. Autopsy showed perforated gastric ulcer.

2.

R. J. J. Age 28. Entered Hospital January

* Read before San Francisco County Medical Society, May 14, 1918.

30th, 1913, suffering from general peritonitis. Patient too ill to give history. Obtained this information from friends that he was taken sick about 6 p. m. on January 28th. Incision was made over McBurney's point, a loop of ileum pulled out and opened. Patient died next morning. Autopsy showed the peritonitis was due to perforating ulcer of the duodenum.

3.

D. A. G. Age 31. Entered Hospital on July 25th, 1915. Gave the following history: For the past three weeks noticed that about three hours after eating he would have dull pain in his Epigastrium. No gaseous or sour eructations. No nausea or vomiting. Has always been more or less constipated. Present attack began two hours before admission. Was taken suddenly ill with sharp, stabbing pain in the Epigastrium that caused him to collapse. States he could not get his breath, owing to the severity of the pain. Did not vomit.

Examination: Patient seemed very much prostrated. Respiration, short and grunting. Abdomen very rigid; more marked over upper part of right rectus, where tenderness was most acute. Diagnosis of perforating ulcer was made.

Operation revealed a perforating ulcer of the duodenum. Perforation sutured, abdomen closed without drainage. Convalescence was delayed by an attack of purulent bronchitis.

Time elapsing between perforation and operation, three hours.

4.

John M. Age 23. Admitted to Hospital on April 15th, 1916. He stated he had no trouble with his stomach previous to April 9th, then began to have sharp pain in his Epigastrium. Does not know whether or not it had any reference to his meals. On April 13th he was suddenly seized with a severe cramping pain in his Epigastrium—vomited. The pain has been more or less continuous since that date.

Examination: Entire abdomen rigid and tender, most marked over the hypochondriac region. Diagnosis of perforating ulcer was made and operation performed. Perforating ulcer of duodenum was found. Abdomen closed without drainage. Recovery uneventful.

Time elapsing between perforation and operation, 36 hours.

5.

H. H. Age 62. Admitted to Hospital June 12th, 1916. History of pain after eating for the past two years, with occasional vomiting. Present illness began two hours before admission, with a cramping pain in the pit of the stomach; associated with nausea and vomiting.

Examination: Rigidity and tenderness over entire abdomen, most marked in the upper region. This patient was not seen by me until the morning of the 14th, when a diagnosis of perforating ulcer was made, perforating ulcer of duodenum was found, and operation performed. Cigarette drain placed between duodenum and liver—strip of gauze packed against suture line.

Between the time of admission and operation, patient was vomiting and complaining of severe spasmodic abdominal pain. Took nothing by mouth with exception of six ounces of solution of bicarbonate of soda. Was given one dose of Heroin, hypodermically 1-12 grain. Recovery was uneventful, with the exception of a purulent bronchitis, which developed during convalescence.

Time elapsing between perforation and operation, 38 hours.

6.

B. H. R. Admitted to Hospital May 22nd, 1916. History of stomach trouble for one month, consisting of pain in upper part of his abdomen coming on about three-quarters of an hour after meals. No acid eructations. Yesterday was taken with a severe colic. A short time after its onset had a constant tight feeling over abdomen and a sense of suffocation from what he described as a pressure of gas upward. Vomited after taking aromatic spirits of ammonia.

Examination: Entire abdomen was distended, rigid and board-like. Peristalsis was absent. Some dullness in the right flank; general peritonitis present.

Operation revealed perforating ulcer of duodenum. Patient died next day.

Time elapsing between perforation and operation, 36 hours.

7.

E. B. Age not given. Admitted to Hospital December 16th, 1916. History of pain at intervals in stomach for the last three months, coming on two or three hours after meals. On December 11th began to have pain just above the umbilicus. This has been constantly present since its onset and has gradually been getting worse. This morning (Dec. 16th) at 9:30 pain became much more acute. Did not vomit.

Examination: Upper abdomen very rigid and tender on pressure. Diagnosis of perforating ulcer was made and operation performed, which revealed perforating ulcer of stomach. Abdomen closed without drainage. Recovery uneventful.

Time between perforation and operation, 9½ hours.

8.

Jon. H. S. Age 57. Admitted to Hospital March 19th, 1917, at 1 a. m. No history of previous stomach trouble. Present illness began at 9 p. m. March 18th, with a severe sharp stabbing pain in Epigastrium. The pain has continued without relief.

Examination: Board-like rigidity over entire abdomen, more marked in Hypogastrium. Extreme tenderness on pressure over a point one inch above umbilicus in mid line. Diagnosis of perforating ulcer was made.

Operation, 10 a. m., March 19th, revealed perforating ulcer of duodenum. Perforation sutured. Abdomen closed without drain. Recovery uneventful.

Time elapsing between perforation and operation, 13 hours.

During the past few years I have operated on three other cases and assisted at operation on a fourth. All were operated upon within a few hours after perforation. Three were closed without drainage and made uneventful recoveries.

The fourth was drained with a cigarette drain between liver and duodenum, supplemented by narrow strip of gauze packed against the suture line. This was done on account of inability to securely close the perforation, the stitches cutting through an unusual amount of indurated tissue, which surrounded the perforation.

This man died suddenly one month after operation from pulmonary embolism. There was a discharging sinus present at the time.

Medical Building.

TREATMENT OF THE DIPHTHERIA CARRIER, WITH SPECIAL REFERENCE TO TONSILLECTOMY AND ADENOIDECTOMY.

With Report of 12 Cases.

By FRANK E. DETLING, M. D., Los Angeles.

What to do with the diphtheria carrier is a problem, perplexing to doctors, health and hospital authorities, and most trying, inconvenient and expensive to patient.

The diphtheria carrier plays havoc with hospitals, especially institutions that limit their patients to children, frequently closing part or all of same, infecting and disorganizing the hospital forces, prolonged occupying of beds in the contagious departments, which are usually too limited even for ordinary requirements. The frequency of its unheralded appearance and general disturbance it plays, makes it customary to take throat cultures of all children as they enter children's wards, besides keeping them under observation for a limited time. In fact I know of no other factor that plays such ruin with hospital efficiency. The danger of exposure to cross infection in keeping children in contagious wards, is another complication of the diphtheria carrier. The prolonged quarantine of adults or occasionally of entire family frequently becomes a distressing economic question. The oft-repeated question, "How much longer must I remain in quarantine?" becomes a burning problem to a patient otherwise well and whose only offense is that of being charged with having a positive diphtheria throat.

Hence, any treatment that will in any way shorten the quarantine period of these patients will always be welcome.

Writers differ somewhat as to the definition of the diphtheria carrier; some including only those cases that harbor the diphtheria bacilli in nose and throat, but who have no history of sore throat, or other symptoms of diphtheria, and who give a negative Shick test; others include those cases that harbor the diphtheria bacilli for a prolonged period after the clinical symptoms have disappeared. For our consideration we will accept the more comprehensive definition.

From various investigations, by reliable sources, it has been shown that from one to three per cent. of all persons harbor the diphtheria bacilli in their throats, and that this percentage runs considerably higher during epidemics of diphtheria. The virulency of these carriers seems to differ to a considerable degree, being quoted as varying from 20 to 80 per cent.

VARIOUS TREATMENTS.

I presume all of our antiseptic drugs have been tried in some form or manner for the cure of the diphtheria carrier, none having proven themselves entirely efficient. The most used antiseptics being iodine, phenol, silver nitrate, formaldehyde, alcohol, all tried in various strengths and in various manners. Kaolin, dried and finely powdered, has been favorably reported on by Dr. Hektoen and Rappaport; it has no antiseptic qualities, but its virtue apparently being due to its absorptive and mechanical powers.

The spraying of the throat with various nonpathogenic bacteria, such as the staphylococcus pyogenes aureus, bacillus Bulgaricus, lactic acid producing bacilli and others, has been advocated and tried, the expectant result being the overriding of the diphtheria bacilli. This treatment seemed for a while to have solved the problem and the results as a whole quite favorable, although there is a tendency for a return of the diphtheria bacilli if not repeatedly sprayed. Vaccine and serum have also been tried with varied success, but the advocates of the various kinds of treatment all admit the inefficiency and failure in a certain percentage of cases. What to do with the failures is the vexing problem. Authorities admit that in certain cases the infection gets down deep into the crypts of the tonsils or crevices of adenoids, occasionally in sinuses of the nose, and the removal of any of these pathological conditions is the general advice given, after the unsuccessful efforts of their favorite method of treatments.

REPORT OF CASES.

Case 1. Miss M., graduate nurse at Children's Hospital. Moderate attack of diphtheria. Was given antitoxin, throat treated with all forms of sprays, gargles and swabs. In quarantine for five weeks. Could not get a negative culture. Tonsils large and crypts filled with cheesey deposits. With the removal of tonsils there were no future positive throat cultures.

Case 2. Miss A., school teacher. Came to office complaining of sore throat. She was sent to Health Department for throat culture which proved positive. Was taken in charge by a general practitioner. Had a very mild attack. She was given various post diphtheretic treatments closely following the treatment suggested by the Health Department of Los Angeles. After four weeks of quarantine I was asked to see patient in regard to doing a tonsillectomy. Patient was very reluctant to give consent to any operative suggestions, as the tonsils were small and patient gave no history of any previous sore throat excepting that of her diphtheria attack. She was in quarantine at the Clark Memorial Home and her quarantine was much like that of solitary confinement, not the usual home quarantine. After another week's delay, the tonsils were removed and no further positive cultures were found.

Case 3. Mr. J. C., age 24, drug clerk. Moderate attack of diphtheria, all clinical symptoms disappearing in a few days. Repeated examinations for six weeks showed positive cultures. Perfectly well otherwise. Tonsils and adenoids moderate size. Negative culture on 2-4-10 day after operation.

Case 4. A. B., age 10 years. Moderate attack of diphtheria, usual treatment. In quarantine seven weeks. Large tonsils and adenoids. Negative culture on 4-6 days after operation.

Case 5. Family in which girl age seven had diphtheria, in which three others of family became true diphtheria carriers. Patient had fairly severe attack of diphtheria, clinical symptoms lasting six days. Positive culture two weeks. The question of having tonsils and adenoids removed having been debated previous to the diphtheria attack, it was decided to remove same although in less time than is customary to advocate the operative procedure. Throat gave a negative culture on the 4th and 6th days after operation. Before quarantine was raised, culture of throats of family was taken and showed that the mother and two other children had the diphtheria bacilli in throat, but no clinical symptoms were evident. All treatments suggested were conscientiously tried, mother being a trained nurse, and after one month of unsuccessful efforts, the tonsils and adenoids were removed in the three carriers, mother and two children, with no positive cultures after operation.

Case 6. Miss J., age 16, at isolation ward of L. A. County Hospital. In hospital six weeks, clinical symptoms only for a short time. In this case Fuller's earth was tried most conscientiously for ten days without result. She also had gargles, sprays and swabs. Was out of hospital in a week's time after operation.

Case 7. Mrs. A., age 30, at isolation ward of County Hospital. Sore throat for a few days. Culture positive. Given diphtheria antitoxin. In quarantine three weeks when tonsils were removed under local anesthetic. Operation February 8, 1918. Positive culture the 12-14 and 16th. Negative after the 18th of February, patient having shown positive culture for ten days after the operation.

Case 8. Miss G., age 24, at isolation ward of County Hospital. No clinical symptoms, but found to be a diphtheria carrier. She was one of nine cases that were taken to isolation ward from County Jail where they had been exposed to a case of diphtheria. In quarantine three weeks. Iodized phenol, hot saline gargle used. Operation February 8. This patient for twelve days following operation gave no two consecutive negative cultures, but did give a negative culture several times during the first twelve days, but not until after the twelfth day did we have a throat free of the diphtheria bacillus.

Case 9. Mrs. C., age 23, at isolation ward of County Hospital. Sore throat for several days. Positive diphtheria culture. Antitoxin, iodized phenol, hot saline gargles were given. Operation February 8, 1918. No positive cultures after operation.

In the series of twelve cases, ten gave no further positive cultures after the removal of tonsils; remembering that all of them had been in quarantine from three to six weeks and various forms of treatment tried. Case 7 did not clear up for ten days after the operation. Case 8 did not give consecutive negative culture until twelve days after the operation, although the throat gave a negative report several days, but followed by a positive the next day.

CONCLUSIONS.

That the frequency of the diphtheria carrier renders it important in the interest of both patient and public health to rid patient of the diphtheria infection as soon as possible.

That antiseptics and biological products are as a rule effective in clearing the throat of diphtheria bacilli, but inefficient where the infection is due to some pathological condition in nose and throat.

No adverse or unusual results were noted following the operative method and none were found reported in literature, a certain immunity in all probability explaining why we do not have a greater reaction with the virulent bacilli in throat. The removal of the foci of infection is without doubt the important factor in clearing the throat of the diphtheria bacilli, although a second factor may play an important role, and that is the *non-pathogenic* bacteria normally in the throat, taking on a rapid growth due to the post-operative conditions, thus *overriding* the diphtheria bacilli.

That the diphtheria bacilli are usually found in pure culture in crypts of tonsils that have been removed from the carrier.

That no treatment yet advocated or tried has proved successful in all cases, but that the removal of the tonsils and adenoids gives the most satisfactory results.

That the operative method has had sufficient trial to give it a recognized standing with the assurance that it has the endorsement of many of the best health authorities.

That we can and should recommend operative procedures, especially in cases that show any pathological condition and that have failed under other treatment.

THE USE OF HOMATROPIN IN REFRACTION.

By PERCY SUMNER, M. D., San Francisco.

A number of years ago when I was in New York there was a paper read before The Academy of Medicine on the use of homatropin in refraction. As I was at that time a student in the office of the oculist who presented the paper I was naturally greatly interested in it, as I had had an opportunity of observing some of the conclusions on which the paper was based.

It amazed me to hear in the discussions that followed that several men seemed quite opposed to the use of homatropin or any other cycloplegic in refraction and contended that they got good results by giving the manifest correction, without the use of drops. As I was at that time fresh from Vienna, where the use of a cycloplegic in

refraction was then unknown, and where the results were pronounced very poor by a number of American oculists who had observed and practised refraction under cycloplegics both in England and America; it was naturally a great surprise to hear any doubt expressed on what I had learned to consider the only way to do a proper refraction.

Since that time a considerable experience in refraction myself has given me a perspective on the subject that compels me to side definitely and finally with the champions for a cycloplegic in refraction, in the majority of cases. I have found that there is altogether too much guesswork without a cycloplegic, and although at times one may get just as good results by manifest, yet in the greater number of cases the results are absolutely indifferent and wrong. And by results I mean the increased ability of the patient to use the eyes without any discomfort or annoyance.

Are the opticians and the oculists who use no cycloplegic right when they inform their patients that the introduction of "drops" in the eye for the correction of refractive errors is not necessary and sometimes harmful? Or are the oculists who insist in every case, irrespective of age or circumstances, justified in their stand that the only way to refract the eye is to paralyze the muscle of accommodation? In other words, we have on the one hand a number of advocates for refracting the eye "just as it is"; on the other, those who protest that a paralysis of the muscle of accommodation is necessary to obtain the proper degree of error of refraction. In the latter case, then, to be consistent, the muscle must be paralyed before attempting refraction.

Does homatropin as ordinarily employed completely paralyze the muscle? Is there any one method preferable to another to attain the desired result?

My own observation has been that when properly administered homatropin will paralyze the muscle in at least eighty per cent. of the cases, but that there is a certain per cent. that are not paralyzed and will accommodate to a certain extent after the most careful preparation, and occasionally will exhibit an annoying spasm. In a few cases, too, with small error of refraction, the homatropin seems not to affect the muscle at all. And, which is very important, even after the most complete paralysis, in from twenty to thirty minutes after the last drop has been put in the muscle will again begin to work.

It is therefore essential that the refraction shall take place immediately after the last drop is put in, so that the period of absolute quiescence can be utilized, because if not there will often come on a transient spasm that interferes with the best results. Therefore, if one believes in the use of homatropin then it must be used properly and intelligently to get the result aimed at—complete paralysis of the muscle of accommodation.

The method of using homatropin recommended by Gould, Duane, and others, of a 2% solution is most satisfactory. The solution used should not be too old. One drop in each eye every ten minutes for seven drops, making a period of one hour. But just as important is the disposition of the patient. The whole philosophy of the procedure is to relax, primarily the muscle of accommodation; secondarily, the patient, for a keyed up patient is difficult to manage.

1. Make the patient as comfortable as possible during the instillation.
2. Have the back of the patient to the light and the eyes facing a blank wall, so that there shall be absolutely no incentive for the muscle to work.
3. After one hour's interval, refract without any delay.

Some use cocaine in addition, one half of one per cent.:

Rx	Homatropin Hydrobromide	grains 10
	Cocaine Hydrochloride	grains 2½
	Aquae	ounce 1

M. Sig.

One drop in each eye every ten minutes for eight drops.

This is a published formula of one of Gould's pupils.

Homatropin is not suitable for young children and in some young adults who have spasms of accommodation. In these cases atropin 1% solution is used for at least two days to get complete paralysis.

No cycloplegic should be put into any eye for the purpose of refraction until the condition of the disc and the tension have been determined. For years it has been my invariable practice immediately after refraction to instil at least five drops of pilocarpine nitrate 1% solution in each eye, and then have the patient put it in hourly for two days. That this is necessary is indicated by the report, about a year ago, of some oculist who recited a number of cases of increased tension and discomfort in young adults after the use of homatropin in refraction. On the general system I have not noticed any untoward effect, though I have used it on people with chronic heart diseases, pregnant women, etc. Rarely, in a neurotic person there may be a slight nausea, without vomiting, but nothing further. We can say, therefore, that in properly selected cases, there is absolutely no danger; and the discomfort from the blurring can be greatly relieved by the use of a myotic after the refraction.

The garment industry in California has risen to importance in late years, with 75 per cent. of the workers women. With the passage of the minimum wage law, which provides for a period of learning for the workers who wish for advancement, it has been found necessary to open classes in power-machine stitching. These classes are under the supervision of the Federal Board for Vocational Education, and have been instituted in several factories. The women are taught a technical knowledge of the machine and are prepared for the next step in progress. Some of the classes are held at night and are proving satisfactory.—Vocational Summary.

Book Reviews

Text-Book of Biology. By W. M. Smallwood. Third Edition. 306 pages. Illustrated. Philadelphia and New York. 1918.

This book is a good synopsis of some of the

features of biology. It strikes me, however, that its usefulness is more in the way of a review than as a text-book—that is to say, a student knowing only a little of the subject under consideration would frequently be at sea in trying to use this as a text-book, as it presupposes too much knowledge. On the other hand, one who has a fair idea of the subject and who wishes to review it, will find that this book is a considerable aid. It is full of facts—there is much in a small space—the feature of the book that makes it less valuable to the student just beginning, makes it more valuable to the student wishing to review the subject.

A. L. F.

Whole Truth About Alcohol. By G. E. Flint. 294 pp. New York: Macmillan Company. 1919.

The whole truth about alcohol
When this said, it must be all—
And that is what we get in print
In a recent book by Mr. Flint.

Strongly condemning its abuse,
Strongly affirming its proper use,
He shows that the prohi's have lied
By "half truths" greatly amplified.

He twists the things they have to say
About, in just the neatest way;
So showing when the whole truth's told:
Their propaganda will not hold.

Although his statements most, are true,
The work this book was meant to do
Will never be achieved, I fear,
'Cause prohibition now is here.

A. L. F.

Medical Clinics of North America. Volume 2, Number 4 (January, 1919). Octavo 303 pp. Illustrated. Published bi-monthly. Philadelphia and London: W. B. Saunders Company. 1919. Price per year, $10.00.

S. W. Bandler: Sterility in women. Walter Timme: New pluriglandular compensatory syndrome. W. W. Palmer: Pneumococcus endocarditis. T. S. Hart: Mitral stenosis and auricular fibrillation. A. R. Lamb: Non-hemolytic streptococcus endocarditis. Leo Buerger: Cystitis. H. R. Geyelin: Certain aspects of modern treatment of diabetes mellitus. J. G. M. Bullowa: Local evidence of tonsil involvement in causation of distant or systemic disease. Influenza of head and chest. W. H. Sheldon: Hospital as health unit. A. S. Blumgarten: Primary malignant tumor of lung. Cerebrospinal syphilis. Nephritis. Aortic syphilis. A. McI. Strong: Auricular tachycardia in children. D. W. Atchley: Renal disease. E. F. DuBois: Basal metabolism as a guide in diagnosis and treatment of thyroid disease. Willy Meyer: Advanced pulmonary tuberculosis.

Medical Clinics of North America. Volume 2, Number 5 (March 1919). Published bi-monthly. Philadelphia and London: W. B. Saunders Company. 1919. Price per year, $10.00.

H. A. Christian: Cutaneous pigmentation, jaundice, palpable liver and spleen, and ascites. Fibrinous bronchitis. **J. L. Morse:** Infantile scurvy. **W. P. Graves:** Cancer of uterine body as borderline case in gynecology. **C. J. White:** Some common errors in diagnosis and treatment. **F. B. Talbot:** Relation of diet to development of children with special reference to the teeth. **Channing Frothingham:** Aortic aneurysm. **G. R. Minot:** Banti's disease. Banti's disease mistaken for peptic ulcer. Myelogenous leukemia with low white count. Typical chronic myelogenous leukemia. **J. B. Hawes:** Tuberculosis and influenza. **F. T. Lord:** Pulmonary destructive lesion. **H. Lilienthal:** Relation of clinician to industrial medicine. **L. W. Hill:** Nephritis in children. **F. W. White:** Improvement in medical treatment of chronic ulcer of stomach and duodenum. **J. P. O'Hare:** Chronic nephritis with edema. **F. W. Peabody:** Some lessons of war in field of cardiac disease. **G. C. Shattuck:** Chronic pulmonary tuberculosis and arteriosclerosis. War nephritis and chronic adhesive mediastino-pericarditis probable. Syphilis, lesion of aortic arch, probably syphilitic; healed ulcer of stomach or duodenum. **A. W. George and R. D. Leonard:** Use of X-ray in study of multiple diverticulitis of colon. **M. J. Rosenau:** Some fallacies in diagnosis of "ptomain poisoning."

Reconstruction Therapy. By Wm. R. Dunton. 229 pp. Illustrated. Philadelphia: W. B. Saunders Company. 1919.

This book treats of occupational therapy, of work applied as a curative measure rather than as a means to the economic rehabilitation of the disabled. The author is a psychiatrist and has evidently gained his experience from hospitals for the insane. The results of his observations are laid down in the first nine chapters, which include information of considerable value to those interested. They treat of the duties of the director of occupational therapy, his relation to the nursing staff, the training of nurses and their selection from the occupational viewpoint, and the financial and administrative aspects of occupational therapy. The orthopedic side of reconstruction is superficially dealt with. What there is in the book on curative work, especially as an aid to the physical rehabilitation of stiff and wounded limbs, the rehabilitation of the amputated, and the consideration of prosthetic appliances, seems to have been gotten from the writings of others. The book would be improved if the later chapters were omitted and only those on occupational therapy in psychopathic hospitals retained. There is a useful bibliography at the end of the work. L. E.

The Blind. By Harry Best. 740 pp. N. Y.: Macmillan Co. 1919.

This is the most comprehensive treatise on the condition of the blind in society and the various provisions made for them by society which has yet been published. The condition of the blind in its many different aspects is set forth in careful detail. All measures ever adopted for their welfare are considered—the history of their origin and the practicable aspects of their use, provision for the education of blind children, for the intellectual benefit of the adult, and for their material welfare, are discussed at length. While the work done in our country is fully described, illuminating and through compensation laws. are detailed, with

This book is complete, is full of essential information and covers the field from A to Z. The many illustrative cases.

comparisons with the work of other countries abound. Full chapters are devoted to systems of pension and indemnification for loss of sight, with the laws governing the provision of these; a great number of decisions in actions against corporations acting as employers, and in corporations other than employer, are cited; principles of insurance as applied to benefits for injuries to the eyes, through private companies by local systems of indemnities will repay any one interested in the blind and their life. H. B.

Correspondence

INJUSTICE TO A STATE SOCIETY MEMBER

In looking through the annual report of the California State Board of Medical Examiners I find on a front page where the certificate of Dr. George Henry Richardson had been revoked on March 20, 1919.

During the last few months I have been pestered repeatedly by collectors concerning the unpaid accounts of a person by this name, also

have received telephone calls and letters which belonged to him. While I am fully able, personally, to answer and take care of any difficulties that might arise from the similarity of our names I do feel that the organizations that I represent, for instance, the Red Cross, should not be compelled to suffer for having my name placed before the public in such a way as to reflect discredit upon their organization. Will you kindly make some public statement in your journal so that this confusion of names might be generally understood?

As you know I am a graduate of the University of Pennsylvania, Class 1891, and have in no way ever been connected with the practice of Chiropody or any other form of irregular medical practice.

Kindly use your own judgment in this matter as you think the case demands.

Very sincerely yours,
G. H. RICHARDSON.

Flood Building, San Francisco.

From Our A. M. A. Delegates

PERSONAL IMPRESSIONS OF THE A. M. A. MEETING.

By DR. A. B. SPALDING.

To the Editor:—I regret exceedingly that a lack of newspaper training makes it impossible for me to send you a suitable presentation of personal impressions of the recent meeting of the American Medical Association. Amongst the very crowded conditions that existed on the train and in the hotels one was struck with the universal good nature of the medical man and the willingness of the individual to make way for the more impatient. It would seem that by experience and training the doctor is a good traveler, comfortable in the assurance of reserved quarters and anxious to be the first to extend courtesy to some forgotten acquaintance or to some future helpful friend. The surprise meetings of long separated college friends, of sudden introductions to men preeminent in the medical world and in the recent world's war gave the meeting at Atlantic City much of the charm of a commencement day reunion. The exhibits were very well arranged and well attended. The medical part was smaller than the commercial, but both were interesting because of the graphic presentations and the instructive attentions given by the personal attendants. It was a little unfortunate that the unique and really wonderful exhibit of the Public Health Service was not more centrally placed. The business part of the meeting passed off with such smoothness, that one could not help but admire the well oiled machine and to recollect that not always does the busy honey bee eat the honey. It is apparent that State organizations and special societies must know in advance what they want and to lay plans carefully to have their desires accomplished. The scientific meetings were held in widely separate parts of the city, making it very hard to visit more than one section on a given day. The programs were too long and began at nine A. M. to continue until finished. The result was that the unfortunate author who came fourth on the program had a small audience, because the largest part of the session was busy discussing affairs over the lunch table. A second common and unfortunate oversight was the lack of efficient lantern slide service. Poor screens for the pictures and hot lamps which destroyed many good slides were of too frequent occurrence. The social side of the meeting was very successful and most enjoyable. The hotels were crowded with noted foreign guests as well as eminent physicians and surgeons from our own country. Uniforms and decorations were plentiful and one was often at a loss on being introduced whether to use the title of general or of doctor to the well-known, simple mannered gentleman grasping your hand in fraternal greeting. These are a few of the impressions of the Victory meeting. There is no doubt as to the success of the meeting, and the large attendance from California was matter of frequent favorable comment. Especially as we paid the S. P. full fare each way.

Sincerely,
ALFRED BAKER SPALDING,
Delegate from California State Medical Society.

San Francisco, July 5, 1919.

FROM DR. V. G. VECKI.

July 7, 1919.

To the Editor:

You ask for a short personal impression of the annual, the victory meeting of the American Medical Association held at Atlantic City June 9th to 13th last. Being in the habit of telling the plain truth whenever asked, without any regard to consequences, I must confess that I was somewhat disappointed.

When going to a meeting that was justly called the victory meeting I expected a great deal of joy and enthusiasm, but there I found the quietest, the most mirthless meeting of the many I ever attended.

After the eagerness to help in the great struggle demonstrated last year at Chicago, after having taken such prominent part in the glorious demonstration that the United States have to fear no one, it seemed as if there was no more ardor left. The opening meeting, the special victory meeting, also the sessions of the house of delegates were characterized by an almost mechanical going through it. There were hardly any social functions to speak of, an absolute absence of the customary sociability, and a general lack of enthusiasm.

As to the reason, I can only guess: are we getting blasé? Did the exorbitant prices in the profiteering atmosphere put a damper upon everything outside of the scientific work of the sections? or was it the sinister shadow of the impending calamity called national prohibition?

Very truly yours,
V. G. VECKI, M. D.,
Delegate to A. M. A. from California State Society of Medicine
San Francisco.

P. S.—Our third delegate was Dr. C. Van Zwalenburg of Riverside, who had just retired as president of the California State Medical Society. Dr. Van Zwalenburg's late return to California has prevented receipt of his personal impressions of the A. M. A. meeting.

THE LAMP OF SCIENCE.

Let History relax her frown
And shed
Instead
A silent tear,
When she relates
The horrid fates
Of Nero, John, or Robespierre.
These men were cruel; they approached
The brink,
I think,
Of horror; but
Their father's sin
Was greater in
Not having had their tonsils cut.
It will be found the snores of each
At night,
When quite
A lad, annoyed.
What chance had they,
The better way
Denied them by an adenoid?

Correspondence

STRAIGHT FROM THE SHOULDER.

To the Editor:

With reference to the communication from the Los Angeles doctor who states that "not one doctor in ten reads the State Medical Journal," it would be interesting to know the basis upon which the doctor makes such a statement. The Journal belongs to the doctors of the State of California, and, if they do not read it and do not send in communications with reference to its policy, it is the fault of the doctors and not the men who have charge of the Journal.

It is generally conceded that the California State Journal of Medicine is one of the best of any state society in the United States and it has stood for higher medical ethics than most any other journal that can be mentioned. If any statement is made in the Journal that should be challenged, it is up to the medical profession of the state to send in their objections, and this is what the editor and those who have to do with the policy of the Journal are continually striving for—that is, to receive communications so that they may know the desire of the doctors with reference to policy and things that would be of interest to the profession at large.

It is usually those who do the least that criticize the most, and it might be well to know how much the gentleman who sends in this criticism has done for the advancement of the Journal. There is no objection to criticism at any time, provided it is a just criticism, as only in this way can the Journal be improved, and if the gentleman in question will send in any ideas or suggestions for the improvement of the Journal, or anything that will make more people read it, his criticism will be gladly received and followed.

Very truly,

G. G. MOSELEY.

San Francisco, July 2, 1919.

Immunity

The Journal will express no opinion of and assume no responsibility for the views of "Immunity" correspondents. They must win or lose on their own merits by abounding in their own wisdom, and each reader must appraise each communication for what it is worth and take it for better or worse.

Communications will not be signed when published, but the author must be known to the editor. Send on your complaints, your kicks, your knocks, your boosts. We want constructive and destructive criticism. Air your pet hobbies. You are not limited to your own town or the medical profession.

EXCERPT FROM A HOT ONE.

June 12, 1919.

To the Editor:

I have the June copy of the Journal. What a bunch of crooks! I hesitate to comment further, on paper, except to say that one of the group seems to be suffering from amentia! I doubt if the cause of the Society will be helped thereby. Dr. Kiger's picture looks so very like Mr. Morrow that I wonder if a mistake has not been made.

Very truly,

———— County.

INTERESTING, IF TRUE

July 2, 1919.

To the Editor:

I think Dr. Eloesser's fellow medicos will enjoy the following clipping from the San Francisco Bulletin of June 30:

"Major Leo Eloesser, in charge of dentistry at Letterman Hospital, told the assembled tooth carpenters of California, in session here last week, how he took a rib from a wounded soldier and made from it a perfectly good jawbone. The major is no pioneer in the movement. A similar operaton was performed in Eden some 5927 years ago and the jawbone has been working successfully ever since."

Very truly yours,

San Francisco. A. B. C.

PUTS R. A. C. ON THE RACK.

To the Editor:

Although the reckless impeachment of our profession by R. A. C. who states in the Immunity Column of the July issue of The Journal that not one doctor in ten reads the State Medical Journal, will not be taken seriously by any doctor in the state, yet the fact that some lay readers of The Journal might be misled compels me to challenge this mendacious statement.

R. A. C. may have been attempting to perpetrate a practical joke, and the initials, for ought I know, may stand for "Rural Asinine Camouflage." Gauged by his expressions, that would seem to be the most appropriate and charitable interpretation.

Merely to confirm what I already knew, I interviewed a considerable number of doctors in the territory from which R. A. C. purports to hail. I asked each of them, "Do you read our Medical Journal?" Some of them asked me what was the joke, and others inquired if I were paying an election bet and had to go around asking foolish questions on obvious subjects. When I informed them the purpose of my inquiry they answered categorically and without exception that they read the Journal religiously. Some of them had the Journals bound, and the way they were pencil marked and dogeared showed how frequently they were consulted.

I also asked each doctor, "Do you know any doctor who receives The Journal and whose interest in medical subjects is so atrophied that he refuses to read?" The composite reply to this was that they considered it a wanton waste of time to worry over the habits of fossils. That the ambitious doctors, who were coming or who had already arrived, regularly used The Journal to recharge their batteries of information, and that the negligent were a negligible handful.

The apparent trouble with R. A. C. is that he multiplied himself instead of using the minus sign. He didn't stop to investigate, he didn't stop to think, but he stopped thinking. Cerebrate, my friend, cerebrate, and you will find that our Journal is not only bearing fruit, but sowing seed. That some of the fruit is not picked and that some of the seed falls on barren ground is only what betides the best directed aims and actions that make up "the infinite pathos of human life."

C. J. E.

Los Angeles, July 9, 1919.

County Societies

HUMBOLDT COUNTY.

The Humboldt County Medical Society held its regular yearly meeting for election of officers, May 15th, 1919: President, Dr. J. F. Walsh, Eureka; vice-president, Dr. C. C. Cottrell, Scotia; treasurer, Dr. J. A. Lane, Eureka; secretary, Dr. L. A. Wing, Eureka; delegate, Dr. Harold Gross, Eureka; alternate, Dr. Horel, Arcata. There was a good meeting while at dinner, that seeming to be the best hour to get together. An excellent report was made by Dr. Louis Dorais in regards to getting busy about Bill No. 933, to see if some power could be brought about to induce the Governor to veto this bill. Committees were appointed to work to this end and will get into immediate action.

Several of the members, Drs. Brunner, C. C. Falk, E. C. Cottrell, have returned from the service.

LOS ANGELES COUNTY.

Los Angeles County Medical Society, June 5, 8:15, in the Arrow Theater, Hamburger building.

The president, Dr. W. T. McArthur, opened the meeting by saying that in the time of Moses the diseased were exhibited in the market place so that passers-by could see the afflicted and their cure. Our former president, Colonel Dudley Fulton, who was in charge of a base hospital at the beginning of the war, had like opportunities for study.

Dr. Dudley Fulton, on "Clinical Experiences and Observations at United States Army Base Hospital, Camp Lewis," spoke of the standardization of hospitals at the outbreak of the war, when the country was unprepared by lack of supplies and organization. He mentioned how these hospitals became effective in a short time because of the system of hospital standardization.

He spoke of the prophylaxis of contagious diseases in a hospital of a thousand beds, and of cross infection. The same ambulance used to carry three and four different diseases at one time, while now they must be all of one kind. Face masks are worn and doctors and nurses sterilize in the isolation wards. Aseptic technique has reduced cross infection to the minimum. In 1917 there were 7308 cases; in 1918, 29,653 cases; out-patients, 200 a day—100,000 in all. There were 15,000 contagious cases; 142,000 cases went through Camp Lewis. Out of 79 cases of meningitis, there was a mortality of 29 per cent. Major Herrick first published that many cases considered meningitis are primary septicæmia. Three cases of spotted fever died within four hours of entry and two cases within six hours. In three to four hundred deaths an autopsy was made in every case.

Dr. Fulton advocated the use of serum (85 c.c.) meningococcus vaccine polyvalent intravenously. There are two or three strains for which there is no prophylactic serum recognized. The various makes of serum differ in potency. The agglutination test should be used in every case. Measles we have learned to respect. There were 1056 true measles cases, mostly country boys. The city boy acquires immunity. There were no deaths from the uncomplicated cases. Koplik spots were present in 99 per cent. of all cases diagnosed in the pre-eruptive stage, when measles is contagious. Most of the cases do well indoors, whereas pneumonia does well outdoors. Otitis media and mastoiditis must be looked after. There are the same number of complications in scarlet fever, which is often most difficult to diagnose because of accidental rashes. More diagnostic than the strawberry tongue is a pulse of 100 to 130. Nephritis occurs in few cases, while abroad it is a most common complication. Mortality is from 7 to 8 per cent. In civil practice it was thought desquamation to be the contagious period. Not so now. In a positive case of diphtheria give 8 to 10,000 units of serum, but a large dose of 25,000 as an initial dose is best. The Schick test is studied to determine immunity; when positive it shows susceptibility; most of the cases gave a positive Schick. Throat cultures of angina sore throat were considered diphtheria the first twenty-four hours. The laboratory test is supportive evidence. There were 3789 cases of mumps in seven months, seven cases of pancreatitis; 75 per cent. of the cases had epididymitis, then secondary orchitis. These cases were kept warm in bed. It matters not so much whether or not a whole lobe is involved, but whether it is due to the pneumococcus or streptococcus, etc. Think of it in bacteriological terms, rather than anatomical ones. Out of 8000 flu cases, 200 developed pneumonia.

It is hard to tell where bronchitis leaves off and pneumonia begins. The roentgenologist helps us diagnose. The treatment is prophylactic by means of vaccines—strychnine and camphor are of no value; caffeine has some effect. Fresh air and sedatives are given for sleep; heroin or opiates do more than any other measure. Digitalis in small doses is good in some cases. In right heart dilatation bleeding gives results. In pneumonia the patient is overstimulated by toxins; stimulation treatment is not indicated.

The Secretary, Dr. Shoemaker, spoke on the rebate of yearly dues to out-of-town members. This was discussed by Dr. Duffield of Los Angeles and Dr. Black of Pasadena, and vigorously opposed by the Long Beach doctors and others. The Pomona and Santa Monica branches were in favor of the change in rebate. It was said that the Exchange exists for the work of the whole society and not for that of the city alone. Eighty-four were in favor of the amendment and eight of Long Beach against it, but graciously submitted to the majority with this result.

The following amendment was adopted:

"Article IX.

"Par. 2, Sec. 1. Further provided that members of the Association not having offices in the city of Los Angeles and who reside outside the limits of the city of Los Angeles shall receive a refunder of $5 on the aforesaid dues; said refunder to be paid into the treasury of the Branch organization within whose geographical limits his residence is established, where such Branch organization exists."

Mr. Celestine Sullivan of San Francisco, of the "League for the Conservation of Public Health," said that he makes his appeal to the largest county medical society in the State of California by speaking before the Los Angeles County Medical Association; that the professional men are leagued together to serve the public. Health is a community interest. Disease prevention is more important than fire prevention. A wider experience and a new vision has come out of the war. The loss of life will soon be replaced by the improvement in public health. Countless agencies are engaged in this work. We believe in applying a pound of prevention instead of a ton of tonic. Twenty-six cults practice here. You have seen the sinister influence of these cults. The League means that men have united to defend the principle of constructive legislation. It can do so because it is organized. Co-operation is asked of you by the League organization. Every ethical doctor should be interested. A new medical practice act should be enacted with special favors to none. The interests of the profession and that of the public are identical. Every one should come into the League.

President McArthur announced that every one should give according to his means.

The Secretary, Dr. Shoemaker, was kept busy marking down the sums, beginning with Dr. McArthur and followed by Drs. Beckett, Brem and Fulton, each for $200. Then came Drs. Sherk,

Lobingier, Frick, MacGowan, Clarence Moore, Percy White, L. M. Moore, Wm. A. Edwards, Anton, Duffield, California Hospital, Pallette, T. C. Myers, Newton, Avery and Kress, each for $100. Drs. Zeiler, White Memorial Hospital, Milbank Johnson, Black, Brainard, Kiger, Shoemaker, Lazard, P. R. McArthur, Van Kaathoven, Rogers, Browning, Scott, Day, Harvey McNeil, each for $50. Drs. Chaffin, Downs, Taylor, Crum, E. M. Wilton, Hastreiter, Allen, McKinney, L. M. Breed, Noskin, Stanfield, Chesbery, Brennan, Lillian Ray, McCann, Thomason, Burton, Hill, Cook, Stephen, C. M. Mattison Wilburn Smith, J. M. Roberts, L. M. Seymour, Tewley, M. C. Wilson, A. D. Gallant, Crane, Scott, Karl Smith, Newton, Charlotte Brown and Merriam, each $25.

Others since have helped to raise the sum of contributions from Los Angeles city alone to $5000.

June 19, second monthly meeting of the Los Angeles County Medical Association, held at the Arrow Theater of the Hamburger building, at 8:15 p. m., with Dr. Wm. T. McArthur, the President, in the chair. On extending the society's thanks to the subscribers for their contributions to the League for the Conservation of Public Health, he said that the sum total was a surprise, and part of it may serve as a reserve fund. He also read a telegram of congratulation by Dr. J. N. Travers for the splendid interest shown here.

In introducing the first speaker, the President said that things have developed during the war and our pathologist has made a careful study of hyperthyroidism. Under the head of "Hyperthyroidism as the Cause of the ('Effort Syndrome') in Soldiers," Walter V. Brem, M. D., began by saying that it is not only of military importance, but that the subject is also one of the medical problems of civil life.

Da Costa wrote about "the irritable heart of soldiers." Lewis was the first to observe it in men returned from the front. The strain from mild conditions affecting the nervous and circulatory systems has been called "neuro-circulatory asthenia," which is a poor name "Exhaustion syndrome" was another name in literature. In Camp Kearny he came to the conclusion that it was hyperthyroidism. We were tardy, he said, in appreciating the syndrome. Camp Fremont Hospital was full of these cases in all the different wards. In the tuberculosis ward about one-half of the patients had this syndrome. In the cardiac-vascular ward there was no definite diagnosis in many cases, except that these patients had tachycardia and a systolic bruit. In the general medical ward some patients vomited without a sufficient cause; the symptoms of the gastro-intestinal tract being negative. There was no definite history of ulcer or pain, but only a fast pulse and neurasthenia. In the pneumonia ward the patient would complain and later return with the old complaint. In the psychopathic ward, cases of emotional instability and epilepsy or syncopal attacks, and even the actually insane had the syndrome under consideration. The condition may have been precipitated by the insanity. In anuresis the syndrome was present: patients recovering slowly from an operation suffered from the same condition. The X-ray showed no pathological changes so that it was unwise to operate on them. In the orthopedic ward some cases would not get over the pain in the spine; weakness of the legs was not an infrequent symptom. We had many discussions and some called it "Brem's disease," i. e., hyperthyroidism, although Dr. Brem claimed no originality in his studies. The exciting cause he thought is some physical strain, emotional strain or maladjustment to environment. During pneumonia, patients developed tremor tachycardia and exophthalmic goiter. The cardinal symptoms were restlessness, palpitation, pain over the precordia, nervousness, and other common signs were slight enlargement of the thyroid, Graef's sign and Stellwag's sign. Tachycardia, hyperthyroid thump, a systolic thrill at the apex and also at the base of the heart, tremor of fingers, sweating of palms and the axillas and cyanosis under the toe and finger nails are other symptoms and signs. The eye signs are variable. There was a controversy about the cause. Dr. Brem takes issue with objection that there is no goiter associated with this condition. There is no definite criterion as to what enlargement of the thyroid is. Dodd's article in Osler quotes Murray that slight enlargement exists when gland can be felt; moderate when the enlargement can be seen as well as felt; considerable when obvious. The speaker gave his own classification in first, slightly enlarged; second, moderately enlarged; third, markedly enlarged. In young soldiers the isthmus is slightly enlarged and more easily felt. To judge the size requires experience and discrimination, but the speaker thinks that is not important, and Mayo says that it is not an important matter. The gland at autopsy may weigh three times the normal. It is not an essential condition and may be a late one. Exophthalmos and goiter may be absent; there may be small goiters that are more active and early cases are not diagnosed; possibly all cases of tachycardia and extreme nervousness belong to this class. There may be a faltering in internal accretion, and the nervous disturbance may be the cardinal symptom. The earliest constant symptoms to appear are tachycardia, sweats, headaches, having no relation to enlargement of thyroid or exophthalmos. It is usually cases and not a criterion that have to be dealt with. Size is not parallel with the quantity of the thyroid gland's secretion. We may think of secretion in different cases as ranging from normal to abnormal. There are, say, 20 per cent. above the base line and 20 per cent. below; 5 per cent. at the upper limit or 5 per cent. below. The 5 per cent. would not show enlargement. Basedow's disease cases are possibly recruited from the zones of over-secretion without enlargement of gland. The objection that hyperthyroidism exists in these cases because exopthalmos is not frequent has nothing to do with it, although there may be a slight degree in some cases. One patient had the disease for three months before the enlargement came. Exophthalmos is late in its appearance, says Brooks of New York, if the patient showed but a slight degree of it. Another objection was the pulse. When at rest the pluse subsides, while the exophthalmos remains fixed. There is high blood pressure in exophthalmos. The vaso-metabolism is increased. Injection of adrenalin increases blood pressure. The speaker described the adrenalin test, saying the patient is put to bed for twenty-four hours, the blood pressure taken, then ½ cc of 1 to 1000 adrenalin solution injected under thyroid region and the blood pressure taken again and again for an hour. This test was applied in a patient having a fever of 99½ degrees all the time while under observation for tuberculosis. The test was also used in forty who had no tuberculosis, but had hyperthyroidism according to the reaction of adrenalin. Twenty-five per cent. of them had no active tuberculosis. The condition must be watched for in tuberculosis. The emotional state and physical exertion cause a disturbance in the secretion of the thyroid.

Discussion.

Dr. Schneider complimented Dr. Brem as a keen observer, but thought that hyperthyroidism is an acute disease and does not occur chronically, according to his nine years' experience in this special line with the Mayo Brothers. In all acute affections the thyroid is somewhat enlarged, but in hyperthyroidism the skin is always hot, not clammy, nor is there sweating of hands and the axillæ. Among other things he said that besides

an enlarged thyroid and tachycardia, there is an increased metabolism.

Dr. Fisher said that as a neuro-psychiatrist he saw many of the cases described by Dr. Brem, who had given a clear cut of the disease. It comes on for months; there is tremor so that the patient cannot write well; there is cyanosis, a systolic thrill, a pulse beat of 100 to 250, and mental irritability. The patients come from neurasthenic families; they are not stable individuals.

Dr. Cook was impressed that Dr. Brem has drawn a good picture. The nomenclature is unfortunate. He knew of cases having had excessive perspiration of axillæ. Palpability of goiter may be absent and the toxic cases were not capable of enlargement.

Dr. Burley spoke of epidemic goiter and said 50 per cent. of the troops from the State of Washington presented an enlargement of the thyroid gland. There was 120 per cent. of blood pressure on rest, a vaso-metabolism, increased secretion of thyroid.

Dr. Brem concluded by mentioning that Sir James Mackenzie admitted that the cases were identical; that the coccygeal gland may be the cause of it. The explanation is found in the thyroid gland.

President McArthur introduced Dr. Thomas Chalmers Myers, saying that we never had a report from the Italian front, where hard conditions were faced on account of the mountains, and that Dr. Myers was decorated for bravery under fire.

"Surgical Service on the Italian Front" was the title of the doctor's remarks.

Harbor Branch.

The regular monthly meeting of the Harbor Branch, was held at Mignon's Eat Shop Friday evening, June 27, 1919. Dinner at 7:15, program at 8:15.

Program: "Necessary Organizations for the Conservation of Public Health," J. L. Pomeroy, M.D., Los Angeles County Health Officer; "Importance of Health Inspection of Schools," S. James Miller, M.D.; G. H. Galbraith, M.D., President; J. Stanford Gwaltney, M.D., Vice-President; Frank M. Mikels, M.D., Secretary-Treasurer.

Pomona Branch.

Pomona Valley Hospital program, June 10:

"Effort Syndrome, the Irritable Heart," Donald Frick, M.D.; "Recent League Activities," Harlan Shoemaker, M.D.; "Objects of League," Walter V. Brem, M.D.

Personals.

Dr. L. Lore Riggen has recently received promotion to the rank of lieutenant-colonel. He has been detached from the Base Hospital No. 70 and assigned a position as head of the Medical Department in the A. E. F. University at Beaune, France.

Dr. Chas. A. Shepard, who has been stationed at Prescott, Ariz., for some time and has been chief of the Medical Service there since March 1, has recently been granted the rank of major.

Dr. John P. Gilmer has recently been detached from the U. S. S. Mount Vernon and been made senior medical on the U. S. S. Proteus, running between England and Brest, France.

Dr. W. H. Butcher of Glendale, who is in the service of the National Red Cross, left for San Francisco, where he will sail for Siberia to take charge of a hospital established there by the Government. He will be absent three years, and has purchased a home here, where his wife and two sons will reside during his absence.

Dr. Thomas J. Orbison, who has been serving as captain in the Medical Corps with the American Expeditionary Forces in France, and is now with the Army of Occupation in Germany, has been ordered to join a Russian mission which has to do with the food problems of Russia. He will probably not return to this city until next fall.

Columbia University today conferred the degree of Master of Arts on Dr. W. Jarvis Barlow of Los Angeles, famous for his researches in the treatment of tuberculosis. Dr. Barlow will not return to Los Angeles for several weeks.

Dr. Fred Bowen has returned to Los Angeles after serving eighteen months in Army Medical Corps service with the rank of captain. He was in charge of the surgical rooms at Camp Fremont, and later was in the Letterman Hospital at the Presidio. Dr. Bowen will resume his practice.

Dr. U. G. Miller, who served in the Army Medical Corps with the rank of captain, has returned home to Los Angeles and resumed practice. Dr. Miller went to France from Camp Lewis, July 11 last, and was with Base Hospital No. 97 at Allerey in the surgical department. He speaks in terms of warmest praise of the American soldiers, and especially of their fortitude when ill or wounded.

Major Howard W. Seager, Medical Corps, U. S. A., recently returned from France, is visiting his family here for a few days before leaving for Camp Lewis, where he will take command of a reconstruction hospital.

Pending the outcome of a bacteriological study of the dysentery epidemic at Lancaster, Dr. J. L. Pomeroy, County Health Officer, has sent Sanitary Officer Harold Young to Antelope Valley as supervisor of the clean-up campaign which, it is hoped, will prevent a spread of the contagion.

Supplementary to the work of citizens, which will be directed by a committee of twelve business men, headed by D. W. Fuller of Lancaster, Mr. Young has organized the Lancaster troop of Boy Scouts into a company of fly exterminators. Yesterday he shipped a quantity of fly-traps and swatters to the valley, and went there to superintend the work of making Antelope Valley flyless.

Commencement exercises of the Los Angeles County Hospital Training School for Nurses was held at the chapel on the hospital grounds. Addresses were given by Supervisor Bean and Dean MacCormack of St. Paul's Pro-Cathedral, following introductory remarks by Rev. E. E. Haring, chaplain of the hospital.

The following twenty-one nurses graduated: Alene Bailey, Catherine Bamesberger, Christine Bamesberger, Minnie Bennett, Joella Burns, Elsie Cressman, Thelma Driggs, Louise Geoff, Nellye Kendall, Charlotte Mahon, Eunice McGoldrick, Margaret McKenna, Ina Merrow, Marv Pearson, Althea Perkins, Sarah Price, Helen Richardson, Inez Dowe, Lou Alice Rupprecht, Undyne Wolf, Janet Wood.

The County Hospital Training School for Nurses is now the largest training school west of Chicago, with exceptional clinical and physical facilities for adequate training. A new nurses' home, costing $175.000, is in course of construction and will provide up-to-date housing, study and recreation accommodations. The school was founded twenty-four years ago, and during that period 425 nurses have been trained and graduated and 135,000 patients have passed through the hospital.

Los Angeles to Endow Bed in Rheims Hospital.

Los Angeles is to have a bed endowed in perpetuity in the proposed American Memorial Hospital at Rheims, France, it was announced yesterday by L. N. Brunswig, State Chairman of the American Committee for Devastated France, who stated that he had given his pledge to Mrs. Benjamin G. Lathrop, who recently visited Los Angeles in the interest of the hospital, that the $6000 needed will be raised.

A bronze tablet will be placed over the bed, reading: "This bed endowed in memory of the sons of Los Angeles who died on the field of honor in France, making the supreme sacrifice for the sake of civilization and humanity." Contributions will be gratefully received by the treasurer, Major William A. Brophy, Home Savings Bank, Eighth street and Broadway.

The American fund for French wounded has

given in cash the $250,000 necessary to build the hospital, and the plans have been drawn by American architects, and American contractors will sail for France next month to begin the construction work. The money contributed by one hundred American cities and individuals will be invested in the United States and the income will provide for the perpetual care of patients.

Mental Tests for Soldiers.

Dr. Thomas J. Orbison, Los Angeles neurologist, captain in the Medical Crops with the American Army of Occupation in Germany, has written an interesting letter to Mrs. W. S. James, chairman of the board of trustees of the Los Feliz Hospital. It is dated May 7, from Base Hospital No. 93. Dr. Orbison tells of the work being done in the army to ascertain the mental efficiency and state of offenders, both by the authorized summary court-martial and by the unofficial "Kangaroo court" conducted by the men themselves. Dr. Orbison writes thus of the summary court-martial:

"We try all offenders who have been charged with offenses covered by the 121 articles of war. I was summary court officer, and the first case I tried was a young colored boy who had two years' army service, and who had at various times committed petty offenses. I at once recognized him to be a middle-grade moron, and examined him carefully to get at his mental age. At once his whole problem was solved and his offenses explained. I recommended that the charges against him be withdrawn and that he be discharged from the army as mentally deficient.

"'The Kangaroo court' is the name given to the unofficial court organized and run by enlisted men. The men elect a judge, recorder, attorney for the prosecution, and one for the defense, a jury with its foreman and a sheriff. The court is under the oversight of a commissioned officer. The court tries the men for petty offenses. Justice is handed out by the men with no uncertain hand.

"The court is always crowded with enlisted men, who gather to hear the proceedings. On more than one occasion the offender was given a severe sentence, and I was able to help the cause of justice by explaining to the court that this or that man was mentally deficient. In other words, I appeared as an expert witness, just as I had in the Superior courts of Los Angeles County. In two cases where I testified the jury came back with a revised sentence that recognized the mental condition and made allowance for it. You can imagine how interesting it all was and how much the men appreciated our desire to show them a fair field and a square deal."

ORANGE COUNTY.

The June meeting of the Orange County Medical Society was held at James' Cafe, Santa Ana, at which time the Society were the guests of Dr. C. C. Violett of Garden Grove. The doctor entertained with a delicious luncheon served in several courses. The guest of honor was Dr. Ross Moore of Los Angeles who spoke at length of his many experiences in the war. The meeting closed at a late hour after each and all had spent a most enjoyable evening.

The regular meeting for July was held at the usual place and the paper on "Chronic Posterior Urethritis" was read by Dr. H. D. Meyers of Santa Ana. The doctor has had an extensive training in Genito-urinary Surgery and has recently opened an office in Santa Ana to practice his specialty. The paper brought out a very lively discussion, several members taking a skeptical attitude toward much of the so-called modern treatment of the condition and others being more optimistic. On the whole the paper and discussions were very instructive and interesting as some of the members recently returned from the war zone enlivened their talks with personal experiences.

Dr. John Wehrley has resumed his practice in Santa Ana after spending several months in France in a base hospital.

Dr. H. Van de Erve of Louisville, Ky., has accepted a position as laboratory technician with Drs. Johnston and Wickett, Anaheim.

SAN DIEGO COUNTY.

Dr. Emil C. Black has returned to town, donned civilian clothes again and resumed his former practice.

Dr. Paul Wegefarth has received his honorable discharge from service and resumed his practice in San Diego.

Secretary Crawford is enjoying a motor trip up the coast through California, Oregon and Washington.

Dr. J. E. Jennison has been enjoying a motor trip to Yosemite.

Dr. Charles M. Fox is enjoying a few weeks' vacation in Chicago and other parts of the East.

Drs. H. P. Newman and L. C. Kinney have returned from the A. M. A. meeting at Atlantic City and other scientific gatherings in the East.

Dr. C. E. Rees and Dr. John W. Warren are also in the East.

The annual dinner-dance of the County Society was enjoyed by many of the members and their ladies at the Point Loma Golf Club on Saturday, June 28, with its customary blending of refreshment and good fellowship. No formal program is presented at these meetings.

On the evening of June 10 a somewhat unique meeting was held in the Society rooms, the honor guests of the evening being about a dozen men and women of San Diego who have practiced medicine in the county for the last quarter of a century. Reminiscences and light refreshments featured an enjoyable evening.

The County Hospital has recently added the following members to its efficient house staff: Dr. F. O. Austin, a graduate of Rush Medical College, Chicago, who had seen six months' service in the hospital of the City and County of San Francisco before coming to San Diego; Dr. Nerad of the University of Minnesota, Dr. Lineer of the same university, Dr. Deering of the College of Physicians and Surgeons of San Francisco, Dr. Psota of Rush Medical College, Chicago.

Contracts have just been let for the screening of all porches of the new Vauclain Tuberculosis Home, thus increasing its capacity considerably beyond sixty beds.

OTHER COUNTIES PLEASE NOTE: There will be held in San Diego, in the rooms of the San Diego County Medical Society, 1230 American building, Fifth and Broadway, on the evening of Tuesday, September 9, a grand rally of the Southern California members of the League for the Conservation of Public Health. As this is a public holiday, why not observe it by motoring into San Diego and help make this meeting a success. All doctors and others interested in public health are urged to attend. Good speakers from San Francisco and Los Angeles will be present. EVERYBODY HELP HELP EVERYBODY!

SAN JOAQUIN COUNTY.

The regular monthly meeting of the San Joaquin County Medical Society was held at the residence of Dr. H. E. Sanderson, Wednesday evening, May 28th. The members present were: Drs. E. A. Arthur, D. R. Powell, L. Haight, Margaret Smyth, J. P. Davison, C. R. Harry, H. E. Sanderson, L. Dozier, R. R. Hammond, B. J. Powell, Mary Taylor, F. J. Conzelmann, Grace McCoskey, N. E. Williamson, J. S. Marlette, W. C. Adams, J. P. Martin, R. T. McGurk and Dr. Edward N. Ewer of Oakland as guest.

The Committee on Admission reported favorably

upon the name of Dr. J. P. Martin, formerly of Nevada and he was elected a member of our society.

Dr. E. N. Ewer read a paper on "Obstetric Economics" in which he brought out as one of the main points the necessity of frequent and complete examinations of the prospective mother and the advisability of radiographs of the teeth to ascertain whether foci existed that might produce serious complications. Dr. Ewer emphasized the point that a successful obstetrician should be an experienced surgeon. Interesting and profitable discussion was led by Dr. C. R. Harry.

At the conclusion of the paper Dr. R. T. McGurk, who had acted as secretary while Dr. Dewey R. Powell was in government service, tendered his resignation and Dr. Powell was appointed secretary for the remainder of the year.

The regular monthly meeting of the San Joaquin County Medical Society was held at the Chamber of Commerce quarters, Friday evening, June 27, 1919. Those present were:

Drs. E. A. Arthur, J. T. Davison, C. R. Harry, C. D. Holliger, L. Dozier, H. Q. Willis, C. F. English, R. T. McGurk, B. J. Powell, J. P. Martin, Grace McCoskey, Mary Taylor, N. E. Williamson, B. F. Walker, D. R. Powell, W. F. Priestly and F. S. Marnell.

The report of Committee on Admission was read, in which they recommended that Drs. F. S. Marnell of the State Hospital staff and L. E. Tretheway of the County Hospital be admitted to membership It was unanimously adopted by the Society. The above doctors were declared duly elected members.

The business of the evening was a discussion of a proposed increase in fees and a committee was appointed to recommend a general revision of the fee schedule of the Society, at present in effect. It was also moved and carried unanimously that the following minimum fee schedule be adopted, beginning July 1, 1919: Office visits, $2.50; house calls, day, $3.00; night visit, $5.00; confinement cases, $50.00.

The scientific discussion was to have been devoted to the men more recently returned from service but owing to various circumstances the only one present was the secretary, Dr. Dewey R. Powell, who spoke briefly of his experiences at the Letterman Hospital.

Notice

A copy of the Constitution and By-Laws of the Medical Society of the State of California, together with the Medical Defense Rules, has been mailed to each member of the Society. The State Society office will appreciate hearing from any member who fails to receive his copy. The State Secretary should be promptly notified of any change of address, and all communications should be addressed to Dr. Saxton Pope, Secretary, 930 Butler Building, San Francisco.

State Board of Medical Examiners

NEW MEMBERS.

Dr. C. J. Gaddis, D. O., Secretary and Treasurer of the State Society of Osteopaths, vice Dr. Ernest Sisson, resigned; both of Oakland.

Dr. C. J. Gaddis was a student at Amity College, Iowa, and Orleans College in Nebraska. He graduated from the State Normal School at San Jose, serving afterwards as principal of a high school. He subsequently graduated from the American School of Osteopathy at Kirksville, Mo. Dr. Gaddis is past president of the State Osteopathic Association, trustee of the National Osteopathic Association, and Secretary-Treasurer of the State Society of Osteopaths.

Dr. A. J. Scott, Sr., Auditorium Building, Los Angeles, appointed vice Dr. Harry V. Brown, Los Angeles, term expired.

Dr. A. J. Scott, Sr., graduated from the University of Michigan in 1882 and spent the following ten years as surgeon for different lumber companies in Northern Michigan, going from there to Milwaukee, Wisconsin, where he remained until coming to California in 1902. Having passed the State Board in 1904, Dr. Scott took up the practice of medicine in Los Angeles where he has resided since that time. Besides giving attention to his professional work he has identified himself with the municipal and political affairs of his section, having been a director in the Chamber of Commerce, president of the Los Angeles County Republican organization and one of the directors of the California Liberty Fair Association.

Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph. D.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapeutists, pharmacologists, pharmacognosists and pharmacists. The forumlae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

The following ruling bearing upon the Federal narcotic law relating to the quantity of narcotic drugs that may be dispensed or prescribed by physicians, dentists and veterinary surgeons has been received by Collector of Internal Revenue Justus S. Wardell from the department, and he cautions all persons registered under the act of December 17, 1914, to closely observe and follow the same.

The ruling contained in T. D. 2200 of May 1[1] 1915, permitting a practitioner to dispense or prescribe narcotic drugs in a quantity more than is necessary to meet the immediate needs of a patient is hereby revoked and the revocation shall be applicable in all cases whether a decreasing dosage is indicated or not.

The act of December 17, 1914, as amended by the act of February 24, 1919, permits the furnishing of narcotic drugs by means of prescriptions issued by a practitioner for legitimate medical uses, but the Supreme Court has held that an order for morphine issued to an habitual user thereof, not in the course of professional treatment in an attempted cure of the habit, but for the purpose of providing the user with morphine sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act. U. S. vs. Doremus, No. 367, October term, 1918, T. D. 2809.

In view of this decision, the writer of such an order, the druggist who fills it and a person obtaining drugs thereunder, will all be regarded as guilty of violating the law.

The Government Printing Press has just issued the report of the special Committee on the Traffic in Narcotic Drugs. This committee was appointed by the Secretary of the Treasury in March, 1918, and consisted of Henry T. Rainey—Member of Congress; Professor Reid Hunt, B. C. Keith, Deputy Commissioner of Internal Revenue; A. G. DuMez, U. S. Public Health Service, and Dr. B. R. Rhees, Clerk.

All official sources of information were placed at the disposal of the committee and, in addition, questionnaires were sent to all registered physicians and druggists as well as to all police chiefs,

health officers, heads of penal and corrective institutions, charity institutions and private hospitals and sanitariums throughout the United States. Unfortunately, most of those addressed failed to answer and so the statistics are incomplete. It was deemed advisable to consider the answers as representative and to calculate statistics for the whole on the basis of the answers received.

Thirty and two-thirds per cent. of the physicians answered and these reported 73,150 addicts, from which it is assumed that there are 237,655 addicts in the country under treatment. This is probably a fair approximation; in some cases the information was so vague that reliance could be placed on only 4 to 6 per cent. of the total mailed. Such data are suggestive but of little statistical value. It is interesting to note that only 30 2/3 per cent. of the physicians answered whereas 52 per cent. of the druggists (100 per cent. in California) and 60 per cent. of the police chiefs answered. This would seem to indicate that druggists and police chiefs appreciate the gravity of this problem to a greater extent than physicians.

The importance of the subject is shown by that fact that there are now registered under the Harrison Act more than 125,000 physicians, 48,000 druggists, 42,000 dentists and 10,000 veterinarians, and that the officially reported consumption of opium is about 500,000 pounds annually and of cocoa-leaves about a million pounds. About as much more is illicitly imported. The official reported importation of medicinal opium into this country as reported by decades has steadily increased since 1860 but this is not true of the per capita consumption which increased from about 26 grains in 1860-69; 56 grains in 1890-99 and decreased to 35 grains in 1910-15. Even this is 13 to 72 times as much as other countries whose statistics are available. During the same period the per capita consumption of smoking opium increased from 2 grains 1860-69 to 13 grains in 1900-09. Its importation is now absolutely forbidden. It is estimated that there are in the United States about 1,000,000 addicts of whom less than 25 per cent. are under a physician's care. The police chiefs of the larger cities generally report that the number of addicts is increasing while those of the smaller cities report a decrease. Various reasons are given, some considering prohibition responsible for an increase, others for a decrease. Both San Francisco and Portland report increase. The general opinion seems to be that prohibition will make many seek a substitute stimulant and that an increase of addicts may be looked for. Morphine seems the favorite among the addicts, then follow cocaine and heroin. The latter seems to lead to crimes of violence and in that respect is particularly dangerous; cocaine seems to cause a less fundamental, if more intense, change in its addicts, physically and mentally, than does morphine and therefore, its habitues may be cured and become normal more quickly. The reports of the private institutions seem to show but a small percentage of cocaine fiends who want to be cured. Fiends are equally divided between the two sexes and scattered among all trades and professions. Their age runs from 12 to 75 years. They are usually American born or, if foreign, acquired the habit in this country. This does not apply to Orientals. They occupy all kinds of social position, though of course, the underworld has more than its due proportion. They are usually, though not always, of low mentality or suffering from some nervous disorder. Most of them ascribe the habit to drugs administered by a physician either personally or prescribed, or to association with addicts. Most of the addicts get the narcotic from the illicit drug peddlers who are said to have a national association 1800 strong. The drugs are smuggled from Mexico and Canada (and probably from Japan and China although the report is silent on this). Cocaine and morphine are even sent across the border and then smuggled back into the country. It takes about thirty days to acquire a narcotic habit though some acquire it in 10 days. Heroin seems particularly dangerous, combining the intensity of cocaine and persistance of morphine. Its devotees are peculiarly prone to acts of violence.

The conclusion and recommendations of the Committee are as follows: "From the data obtained the Committee is convinced that there is a nation-wide use of narcotic drugs for other than legitimate medical needs, and that such use for the satisfaction of addiction has materially increased in certain sections of the country despite the vigorous efforts exerted in the past four years in the enforcement of the Federal antinarcotic law, and in the enforcement of the laws of the States and municipalities which have enacted such for the control of habit-forming drugs. Furthermore, it is apparent from the replies to questionnaires sent out that there has been no definite or concerted action on the part of the majority of the States and municipal governments to suppress the illicit traffic and use of habit-forming drugs and that there has been but little, if any attempt made to secure accurate information concerning the problem of drug addiction as a basis for the enactment of proper legislation and regulation. The replies to the questionnaires sent out to State, county and municipal officials show that a great majority of these officials kept no records and therefore have no information upon the subject. This condition is believed to be due principally to a lack of knowledge of the seriousness of the situation. In many cases it is no doubt partly due to the more or less general acceptance of the old theory that drug addiction is a vice, or depraved state, and not a disease, as held by modern investigators. This attitude has had the effect of holding these unfortunate creatures up to public scorn, and thereby lessening any interest in their welfare. Records having a bearing on any and all phases of drug addiction are of sufficient importance to warrant immediate action for the purpose of remedying these conditions.

Inasmuch as the Harrison antinarcotic law has recently been amended by Congress in accordance with the suggestions made by the Committee in its preliminary report, it is believed that the present Federal Statute confers the necessary power for the effective control of the manufacture, sale, distribution and administration of narcotic drugs, and it is the opinion of the Committee that no further national legislation is necessary for this purpose at this time. It is, however, the opinion of the Committee that there yet remain several phases of the narcotic problem which merit the consideration of the Congress.

One of the more important of these is the question of the responsibility for the care and treatment of addicts who, by reason of the amended statute will find it difficult, if not impossible, to obtain the supplies of drugs necessary to maintain their normal condition due to habituation. The enactment of legislation on the part of the National Government covering this phase of the problem, likewise the passage of similar measures by the States and municipalities, is deemed urgently necessary.

There also remains the international aspect of the opium traffic which should receive immediate consideration. If this and the other countries represented at the international opium convention are to effectually control the traffic in opium and other habit-forming drugs, some concerted action is necessary. It is, therefore, recommended that this country, through the State Department, take up this matter with the other powers which were signatory to the international agreement entered into at The Hague in 1912 with a view to persuading such Governments to enact the necessary legislation to carry out the terms of The Hague

protocol. Otherwise, the task of this country of suppressing the illicit traffic in habit-forming drugs will be rendered much more difficult.

Pending the ratification of The Hague opium convention by the various powers and the enactment of necessary legislation to carry out the terms thereof, it is urgently recommended that the United States Government take up with the Government of the Dominion of Canada and Mexico the subject of more effective control of the manufacture and exportation of narcotic drugs therefrom for the purpose of securing their co-operation with this Government in the suppression of the smuggling of such drugs from one country into the other, which now affords the principal source of supply for the illicit traffic in these drugs.

It is also recommended that educational campaigns be instituted in all parts of the United States for the purpose of informing the people of this country, including the medical profession, of the seriousness of drug addiction and its extent in the United States, and thereby secure their aid and co-operation in its suppression.

It is also recommended that both public and private medical organizations which have research facilities be requested to undertake studies to determine the nature of drug addiction with the view of improving the present forms of treatment or evolving some new and more efficient method of handling these patients. The latter statement is made in view of the fact that at the present time there are numerous forms of treatment for drug addiction, none of which appear to have been given a thorough trial by the medical profession, as a whole, or to have received the unqualified support of those members of the profession who have had no financial interest in the matter.

It is the opinion of the Committee, based on the results of its investigations, that the medical need for heroin, a derivative of morphine, is negligible compared with the evil effects of the use of this alkaloid, and that it can easily be replaced by one of the other alkaloids of opium with the same therapeutic results, and with less danger of creating habituation. Therefore, consideration should be given the subject of absolutely prohibiting the manufacture, sale, distribution or administration of this most dangerous drug by the States and municipalities.

MEDICAL USES OF WINES AND SPIRITS.

TREASURY DEPARTMENT
Office of Commissioner of Internal Revenue
Washington, D. C.

June 30, 1919.

Physicians may prescribe wines and liquors, for internal use, or alcohol for external uses, but in every such case each prescription shall be in duplicate, and both copies be signed in the physician's handwriting. The quantity prescribed for a single patient at a given time shall not exceed one quart. In no case shall a physician prescribe alcoholic liquors unless the patient is under his constant personal supervision.

All prescriptions shall indicate clearly the name and address of the patient, including street and apartment number, if any, the date when written, the condition or illness for which prescribed, and the name of the pharmacist to whom the prescription is to be presented for filling.

The physician shall keep a record in which a separate page or pages shall be allotted each patient for whom alcoholic liquors are prescribed, and shall enter therein, under the patient's name and address, the date of each prescription, amount and kind of liquors dispensed by each prescription, and the name of the pharmacist filling the same.

Any licensed pharmacist or druggist may fill such prescriptions if his name appears on the prescription in the physician's handwriting.

Druggists filling these prescriptions shall preserve in a separate, carefully guarded file, one copy of every prescription filled, and once a month shall transmit to the Collector of Internal Revenue a list showing the names of the physicians, the names of the patients, and the total quantitiy dispensed to each patient during the month. These lists shall be subject to immediate examination and frequent review in the collectors' offices, and wherever there is indicated either (1), that a physician is prescribing more than normal quantities, or (2), that any patient, through the services of one or more than one physician, is procuring more than a normal quantity, the collector shall report the facts to the Commissioner and the United States Attorney.

Pharmacists should refuse to fill prescriptions if they have any reason to believe that physicians are dispensing for other than strictly legitimate medicinal uses, or that a patient is securing, through one or more physicians, quantities in excess of the amount required for legitimate uses.

The following questions were submitted to the Commissioner of Internal Revenue and are given with the answers received from that official:

(1) May a physician have his secretary or some other person write a narcotic prescription and then sign it himself or must the whole prescription be written by him?

A prescription may be prepared by a secretary or agent for the signature of a physician, but the physician will be held responsible and liable to the penalties imposed in case the prescription does not conform in all essential respects to the law and regulations.

(2) In case the physician neglects to put in the name and address of the patient, or the date, may this be filled in afterwards by the patient or by some one authorized to do so by the physician?

The law does not, in the opinion of this office, contemplate the making of changes in a prescription by a person other than the physician after signature by the physician. This office can not consent to such practice. If any person is authorized by a physician to alter or add to a prescription after it has been signed, such person will be regarded as the agent of the physician and the physician will be held responsible for any unauthorized changes which may be made and any violation of the law which may occur.

(3) In case the physician desires to continue the same medicine may he request the druggist to send him a copy of his previous prescription and then sign it or must he write it himself?

This office can not consent to the furnishing by a druggist of a copy of a prescription for the physician's signature. There is no objection to a druggist furnishing a copy of a prescription to the physician who issued same, provided it does not conflict with any State laws, from which the physician may prepare an entire new and original prescription. The druggist who furnishes the copy of a narcotic prescription should write across the face thereof "Copy—not to be filled." for if it were found subsequent to the issuance of a copied prescription that it had been filled the druggist might be subjeced to the charge of forgery of a record required by internal revenue laws.

(4) Furthermore, may the druggist filling such a prescription use a label containing the original number of the prescription only or must the label bear a new prescription number? (Even if it does bear the old number?)

Under the amended law each container of drugs put up by the dealer upon a prescription must bear the name and registry number of the druggist, serial number of prescription, name and address of the patient, and the name, address and registry

number of the person writing said prescription. You will note that by the express language of the Act not only must a new prescription number be used but an entire new label must be furnished.

(5) Is there any way by which a physician can telephone an emergency order and mail the prescription?

A druggist is not permitted under the provisions of the law to fill prescriptions received over the telephone.

You state that it is sometimes desirable to have a narcotic reach a patient living at a considerable distance from the physician, and that many physicians hesitate to follow the ruling of this office to the effect that a messenger may take the medicine to the house of the patient, receiving the prescription when he delivers the medicine. You are advised that in such case the druggist must be in possession of a properly prepared prescription before permitting narcotic drugs covered by the law to leave his possession, and this office knows of no other expedient by which this may be accomplished without subjecting the druggist who furnishes the drugs to liability for violation of the law.

Important! Please Read

1. The 1919 Edition of the Directory of Licentiates of the State of California contains **only** the names of those licentiates who have complied with the provisions of Section 2, Chapter 81, Statutes of 1917, by payment of either the annual tax or, in some instances, the penalty fee.

2. Licentiates who have failed to pay the annual tax to the office of the Board of Medical Examiners at Sacramento, have automatically forfeited their authority to practice and re-instatement of the certificate so revoked, may be effected on filing a written request on form 124, mailing same to the Board office accompanied by a cashier or certified check, express or post office money order in the sum of $10.00.

3. Licentiates who have been **in Government Service** and failed to pay the $2.00 annual tax must file an affidavit with the Board of Medical Examiners which shall include (1) a copy of orders to report for duty, (2) copy of orders relieving from duty, and (3) a definite statement by the licentiate in such affidavit, noting the date of entry into service as well as the date of separation from service; further certifying that such Government Service has been continuous during the interval between the dates therein noted, accompany the affidavit with a check for $2.00 payable to the Board of Medical Examiners.

4. Failure of licentiates to furnish the affidavit noted in paragraph 3, will cause needless correspondence as the affidavit will be exacted in every instance, in order that equitable adjustment of each specific case may be effected.

5. Licentiates in Government Service who have paid the $10.00 penalty fee, are entitled to refund under certain conditions which may be learned by communication with the office of the Board at Sacramento, enclosing the affidavit as specified in paragraph 3 above.

6 Should you know of any one whose name does not appear in the 1919 Directory of licentiates of the State of California and who may be engaged in practicing any system of treating the sick or afflicted, kindly communicate with the office of the Board of Medical Examiners, Forum Building, Sacramento, giving full particulars.

California State Civil Service Examinations

Assistant Physician and Interne State Hospitals for the Insane.

Date of Examinations, August 30, 1919. Last day for filing applications in Sacramento, August 23, 1919.

The California State Civil Service Commission announces that examinations for the positions of First, Second and other Assistant Physician and for Interne in the State Hospitals for the Insane, will be held in Sacramento, San Francisco and Los Angeles on August 30, 1919. The salaries for the various positions are as follows:

Position: First Assistant Physician; Salary: $2460 1st, 2nd and 3rd year, $2700 4th, 5th and 6th year, $2940 7th year.

Position: Second and other Assistant Physicians; Salary: $1740 1st year, $1860 2nd year, $2040 3rd and 4th year, $2220 5th and 6th year, $2400 7th year.

Position: Interne; Salary: $1200.

Maintenance is provided in each case. This includes provision for wife and minor children, except in the case of internes.

Candidates for these examinations must hold certificates entitling them to practice medicine and surgery in California, and must be graduates of the medical course of either a Class A or Class B institution. To qualify as First Assistant Physician, candidates must have had at least two years' actual experience in the care and treatment of the insane. No previous experience is required to qualify for the other grades, except for Second Assistant Physician, for which candidates must have had at least one year of actual experience in the care and treatment of the insane. Candidates for positions in the Southern California State Hospital must be graduates of recognized homeopathic medical schools.

The examinations are open to all American citizens residing in California who have reached their twenty-first but not their sixtieth birthday on the date of the examination, and who meet the above requirements. Persons who have reached their forty-fifth birthday will not be eligible unless they have had at least three years' recent experience in a hospital for the insane.

Candidates for the position of Interne will not be given a written test, but will be rated upon their fitness for the position as determined by inquiries made by the Civil Service Commission.

The examination for the various grades of Assistant Physician will include the following subjects:

Subjects: 1. Written Test; relative weight, 60. The questions under this head will be framed to draw out the candidate's knowledge of psychiatry. There will be two sets of questions, one for First Assistant Physicians and one for Second and the other Assistant Physicians. Candidates must specify in their applications which examination they desire to take.

2. Education, Experience and Fitness; relative weight, 40. The rating in this subject will be based upon the value of the candidate's education and experience and upon his particular fitness for this work as revealed through such investigation as the Civil Service Commission may make. The rating will be given at an oral interview to be conducted by a special board of examiners appointed for the purpose by the Civil Service Commission. Only those candidates who secure a rating of at least 70% in the written test will be given this interview. Total relative weight, 100.

Four hours will be allowed for the written test, from 8 A. M. to 12 M.

Candidates must secure a rating of at least 70% in the oral interview in order to pass the examination.

Persons desiring to enter any of these examina-

tions may secure application blanks from the State Civil Service Commission at either of the following offices: Room 331, Forum Bldg., Sacramento; Room 1007, Hall of Records, Los Angeles; or from the following offices of the State Free Employment Bureau: 933 Mission St., San Francisco (men); Pacific Bldg., San Francisco, (women); 401 Tenth Street, Oakland; 176 So. Market Street, San Jose; 1834 Kern Street, Fresno; 200 So. San Joaquin Street, Stockton.

Completed applications must be filed with the State Civil Service Commission, Forum Building, Sacramento, on or before August 23, 1919.

STATE CIVIL SERVICE COMMISSION.

Why Report Venereal Disease?

The news that Texas physicians are already reporting 5000 cases of venereal diseases a month to their board of health, and that 95 per cent. of these cases are acute, shows that reporting is successful where it is given a fair chance, and easily disposes of the objection sometimes raised by the ill-informed, who argue that it will be impossible to get the doctors to report their cases.

In Texas, as in most other states, cases of venereal disease are reported in the first place only by the physician's serial number, and the name of the patient does not go to the board of health unless he shows such a deliberate disregard for the protection of the public as to make it desirable that the state quarantine laws should be invoked against him. This rarely happens except in the cases of prostitutes and their associates, whose whole mode of life shows an utter contempt for the public welfare, and who therefore can hardly be expected to display any concern about disseminating infection.

But what good is a report to the board of health, if there is no name attached? This question has not only occurred to laymen, but even to some medical men who have not seen the system in operation.

The question would hardly arise, if the inquirer could bring himself to look on syphilis and gonorrhea in the light of other communicable diseases.

Reporting such cases to the board of health, merely by number, has the following among many other advantages:

1. It practically obliges the patient to remain under treatment until cured, and not merely until the most prominent symptoms have disappeared. It is the patient whose symptoms have been relieved, who "feels all right" but who is not cured, who disseminates most of the disease, and who in particular is responsible for most of the infection of innocent wives and children.

2. It ensures that the patient will continue treatment under some other doctor, if he moves from the town where he began.

3. It permits the board of health to get a fairly accurate idea of whether the doctors in a given locality are obeying the law. If a remarkably small number of cases is reported, an investigation can at once be made.

4. It aids the board of health in securing enforcement of the criminal statutes. Usually the source of infection (e. g., prostitute) is stated on the report. If a remarkably large number of infections ascribed to prostitutes is reported from a town, the health authorities can at once get in touch with the peace officers, and bring about a repression of "the business."

5. It enables the board of health to know in what part of the state venereal diseases are most prevalent, and approximately their prevalence; thus enabling it to take such measures as are necessary for the establishment of clinics, supply of medicines, detail of nurses and doctors, or appropriation of funds to protect the public health.

These advantages are not speculative. They have been demonstrated by experience. An attempt to control venereal diseases without obliging physicians to report cases is certain to lack effectiveness.—Social Hygiene Bulletin, May, 1919.

Proposed Plan for World-Wide Co-ordination of Red Cross Activities

At a recent conference held in Paris, the following outline of a proposed plan for world-wide extension and co-ordination of Red Cross activities was submitted by Henry P. Davison, former chairman of the War Council of the American Red Cross, and now chairman of a committee which includes representatives of the Red Cross Societies of France, Great Britain, Italy, Japan, and the United States:

"The International Red Cross Committee at Geneva has called a convention of the Red Cross organizations of the world to meet at Geneva thirty days after the declaration of peace.

"This call was issued at the request of the Red Cross Societies of the United States of America, France, Great Britain, Italy, and Japan, whose representatives have constituted themselves a 'Committee of Red Cross Societies' to formulate and to propose to Red Cross societies of the world an extended program of Red Cross activities in the interest of humanity.

"The governments of the five countries represented in this committee have, from the outset, been fully informed of the proposal to hold such a world conference. They regard it as important and each has separately manifested its desire that a plan embodying the purposes of this committee be prepared for submission to such conference.

The Motive of the Plan.

"The world is appalled at the widespread human suffering which has followed in the wake of the war. Problems of food and reconstruction are of such magnitude that they must of course be dealt with and financed by governments, but in addition, there is a vast field for supplementary and emergency effort on the part of voluntary national relief organizations.

"The original Geneva convention was designed primarily to guarantee neutrality to those actually engaged in the care of sick and wounded combatants. This war has shown, however, that the battlefield of modern warfare extends into every home of the nations involved. Out of this fact has grown the necessity that the Red Cross should, in time of war, extend its ministrations to homeless refugees as well as to civilians in their homes behind the lines.

"The International Red Cross at Geneva has from the very beginning done an important work. Throughout the present war, its high principles of both neutrality and helpfulness have been maintained. Its positon of pre-eminence as the great natural agency should be upheld, and it is the belief that its ideals for extending relief in time of war can be applied with equal vigor and effectiveness in time of peace.

"The experience of the war has developed an advanced practice in care for the welfare of motherhood and childhood. It has likewise demonstrated novel and most promising possibilities in the care and treatment of tuberculosis and other diseases.

"It is accordingly of unusual importance at this moment in the world's history that representatives of the various peoples should meet in conferences, compare information and experience and determine how voluntary effort in every country may best exert itself in the service of humanity.

"It is peculiarly fitting that such a world conference should meet under the aegis of the

Red Cross, for the Red Cross has shown itself to be an instrument of peculiar flexibility and adaptability with which to promote efforts for the relief of suffering humanity. The Red Cross emblem signifies next to human sympathy, above all else—neutrality—neutrality as between nations, as between races, as between religions, as between classes. While, in its organizing form in each country, it enjoys intimate relations with its own, yet it preserves its voluntary and democratic character.

"It is expected that out of this world gathering there will emerge an international organization through which the peoples of the world may cooperate in stimulating and developing activities in the respective countries for the betterment of mankind. Such activities would foster the study of human disease, promote sound measures for public health and sanitation, the welfare of children and mothers, the education and training of nurses and the care and prevention of tuberculosis, venereal diseases, malaria and other chronic or infectious diseases, and would provide measures for handling problems of world relief in emergencies, such as fire, famine, and pestilence.

Plan of Procedure.

"It is the purpose of the 'Committee of Red Cross Societies' to proceed immediately to the definite formulation of the plan to be submitted to the World Red Cross Congress, and for that purpose, it will establish headquarters at Cannes, France.

"To that point will be invited the world's leading experts in public health, tuberculosis, hygiene and sanitation, and child welfare. It is expected that the past experience of the nations will be carefully canvassed, with a view to the formulation of programs of action which can be laid before the Congress at Geneva. Following that event, these programs would be communicated to the Red Cross societies of all the nations; societies would each, in its own way, stimulate the carrying out of those programs among the respective peoples.

"It is proposed that following the world Congress, there will be established at Geneva a permanent working organization. Such organization will comprise experts who will keep in touch with the developments throughout the world in the various lines in which the Red Cross is interested. Immediately developments should have been realized in any part of the world, either in research or practice, full information would be communicated to the central organization at Geneva and there scrutinized. This informaton and expert advice concerning it would then be immediately transmitted to the Red Cross societies of the world.

"It is not he thought that the international organization at Geneva would itself carry out the programs adopted, or that the Red Cross societies of the individual countries would themselves necessarily conduct operations along the respective lines indicated.

"It is not the thought that the international organization at Geneva will thereafter continue to formulate and propose lines of Red Cross effort in the interest of humanity. These programs will forthwith be communicated to the individual Red Cross societies.

"Efforts would be made by the international organization to stimulate the development in each country of an active and efficient Red Cross organization in keeping with the newly conceived possibilities of the Red Cross movement.

"Each national Red Cross society in the light of information from the international organization or on the basis of its own experience or desires will stimulate among the people of its own country effective measures to accomplish the results aimed at.

The Meaning of the Plan as a Whole.

"The conception involves not merely efforts to relieve human suffering but to prevent it: not alone the suffering of one people but an attempt to arouse all peoples to a sense of their responsibility for the welfare of their fellow beings throughout the world.

"In brief, the plan contemplates the formation of what will be, in effect, an association in the interest of all humanity.

"It is a program, both ideal and practical; ideal in that its supreme aim is humanity; practical in that it seeks means and measures to meet the tragic crises which are daily recurrent in the lives of all mankind.

"Surely, the operation of such a plan would develop a new fraternity and sympathy among the peoples By so doing, an important contribution will have been made toward the success of the League of Nations, and this present plan should be viewed as a vital factor in the larger undertaking.

"The League of Nations aims to hold all peoples together in an effort to avoid war and to insure freedom: this particular plan aims at devising a procedure whereby all peoples may cooperate actively in promoting the health and happiness of one another."

New Members

Klotz, Walter C., Los Angeles.
Williams, Norman H., Los Angeles.
Coffin, H. W., Los Angeles.
Barnes, P. Livingston, Los Angeles.
Nakaya, F. T., Los Angeles.
Vardon, Ernest M., Los Angeles.
Dodge, Wm. Wallace, Los Angeles.
Grant, Garnet B., Los Angeles.
Weitkamp, A. H., Los Angeles.
Albert, Walter, Los Angeles.
Cunnane, Thos. B., Los Angeles,
Ramsay, Robert E., Los Angeles.
Meredith, Harold H., Oakland.
Smith, Lee E., Oakland.
Rude, Anna E., Washington, D. C.
Brown, Robert, San Francisco.
Penfield, Perle P., San Francisco.
Frankenheimer, J. B., San Francisco.
Wing, P. B., San Diego.
Lee, F. A., Chula Vista.
Brown, Chas. W., San Diego.
Warren, John W., National City.
Butterfield, A. D., National City.
Ogden, Geo. W., Napa.
Vollmer, H. W., Loma Linda.
Bullington, Perry F., Chico.
Meyer, E. L., Chico.
Newbold, E. H., Oroville.
Sabichi, Geo. C., Bakersfield.
Veon, J. E., Bakersfield.
Torrens, A. S., Hanford.
Selleck, E. E., Stockton.
Dobson, Geo. H., Santa Ana.
Marsden, S. A., Orange.
Inman, M. M., Los Angeles.
Beatty, J. David, Los Angeles.
Frisbie, Chas. P., Los Angeles.

Deaths

Blackledge, L. N., of Orosi, Calif. A graduate of Pennsylvania Medical University, Philadelphia, 1880. Licensed in California, 1900. A member of the Medical Society State of California. Was killed July 16, 1919, while driving in an automobile Car stalled on track in front of train.

Freeman, Clara M. A graduate of California Medical College, California, 1885. Licensed here 1885. Died in San Francisco, July 12, 1919.

Dodge, Washington. A graduate of University of California, 1884. Licensed same year. Died in San Francisco, July 2, 1919.